



Government of Northwest Territories | Gouvernement des Territoires du Nord-Ouest

NWT Health Status Chartbook

Transition and Strategic Planning

La santé des TNO en graphiques

Transition et planification stratégique

Le présent document contient la traduction française de l'introduction

November 2023 | Novembre 2023

Best health | Best care | Better future

Une **santé** optimale | Des **soins** optimaux | Un **avenir** prometteur

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Introduction

- This chartbook provides a broad overview of the health status of the population of the NWT. It covers over 50 measures grouped into six broad topic areas: determinants of health and well-being, mental health and addictions, morbidity (i.e., illness), mortality, child health and well-being and expenditures.
- It is not meant to be an exhaustive detailing of the health status of NWT residents but rather a scan of the main issues.
- It builds on other reporting including system performance measurements that can be found in the NWT Health and Social Services Annual Report 2022-2023 as well as infographics on health status.
- Where possible and relevant, measures have been reported over time, by gender, age group, ethnicity, community type and region. National or sub-national comparisons are presented where available.
- We acknowledge that the social determinants of health for Indigenous peoples in Canada, including historical trauma, socio-economic disparities, limited healthcare access, and inadequate housing, stem from colonial policies. These factors contribute to significant health inequities.

Introduction

- Cet ensemble de graphiques donne un aperçu général de l'état de santé de la population des TNO.
- Il couvre plus de 50 indicateurs regroupés en cinq grands thèmes : les déterminants de la santé et du mieux-être, la santé mentale et la dépendance, la morbidité (c.-à-d. la maladie), la mortalité et la santé et le bien-être des enfants.
- Le présent document ne se veut pas une analyse exhaustive de l'état de santé des Ténois, mais plutôt une analyse des principaux enjeux.
- Il est basé sur d'autres rapports, notamment sur la mesure du rendement du système qui se trouve dans le Rapport annuel 2017-2018 sur le système de santé et de services sociaux des TNO, ainsi que sur des infographies relatives à l'état de santé.
- Dans la mesure du possible et lorsque pertinent, les données ont été présentées au fil du temps, classées par sexe, groupe d'âge, appartenance ethnique, type de collectivité et région. Des comparaisons nationales ou infranationales ont été proposées lorsqu'elles étaient disponibles.
- Nous reconnaissons que les déterminants sociaux de la santé des peuples autochtones du Canada, notamment les traumatismes historiques, les disparités socio-économiques, l'accès limité aux soins de santé et les logements inadéquats, découlent des politiques coloniales. Ces facteurs contribuent à d'importantes inégalités en matière de santé.

DETERMINANTS OF HEALTH AND WELL-BEING



Demographics

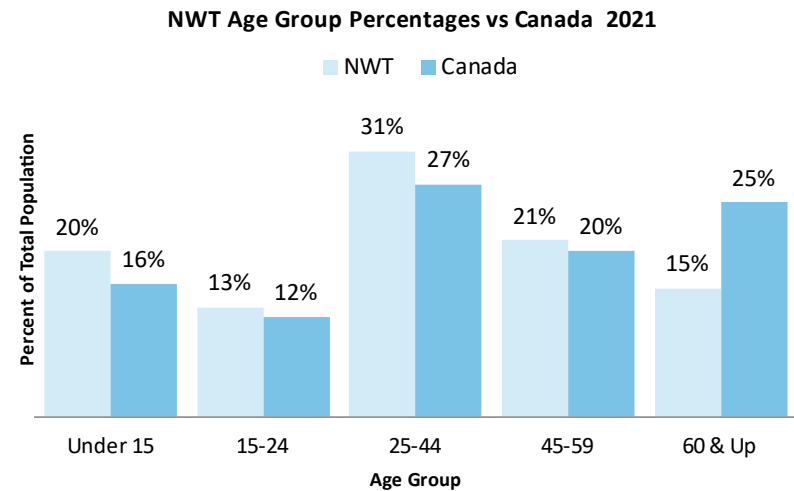
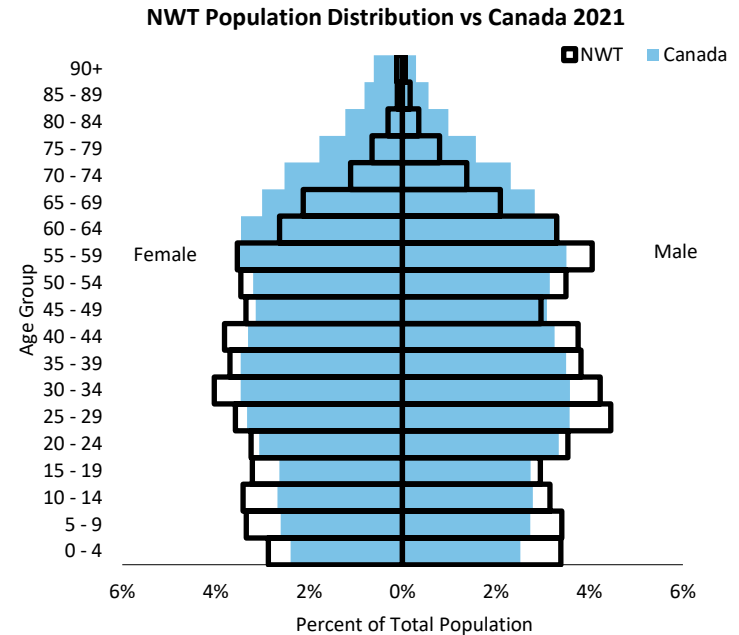
- The population profile, or demographic characteristics, of a jurisdiction plays a substantial role in determining the health of its population.
- Factors such as age, gender, and ethnicity play a large part in driving resource requirements – both overall and in terms of the needed service and program mix.
- Seniors consume more health care resources on a per capita basis than do youth and adults.
- Indigenous populations, on average, have poorer health outcomes largely due to socioeconomic inequities resulting from the ongoing legacy of colonialism, inter-personal and systemic racism, residential school as well as inequities in access to health services.
- This document uses the term “senior” rather than “Elder” to refer to persons of a particular age demographic. In the Northwest Territories, the term “Elder” is often used when referring to Indigenous seniors. However, the meaning of Elder is more nuanced, and for Indigenous people, the term “Elder” does not refer to one’s age, but rather the level of cultural and traditional knowledge they hold. In recognition of the Indigenous meaning of Elder, this document will use the term “senior” to reflect the focus on NWT residents in a particular age group.

Population – NWT and Canada (2021)

Compared to the national average, the NWT has a relatively youthful population profile. Over the past decade, the population growth in the NWT has been sluggish, with a rate that is less than half of the national average.

Despite being proportionally smaller, the seniors population in the NWT is experiencing a faster growth rate compared to the national average.

Proportion of Population		
	NWT	Canada
Female	48.6%	50.3%
Indigenous*	50.2%	4.9%
Immigrant*	9.0%	21.9%
* Canada (2016)		
Avg Annual Growth Rate (2011 to 2021)		
Total	0.5%	1.1%
Under 60	-0.2%	0.4%
Age 60+	5.3%	3.3%

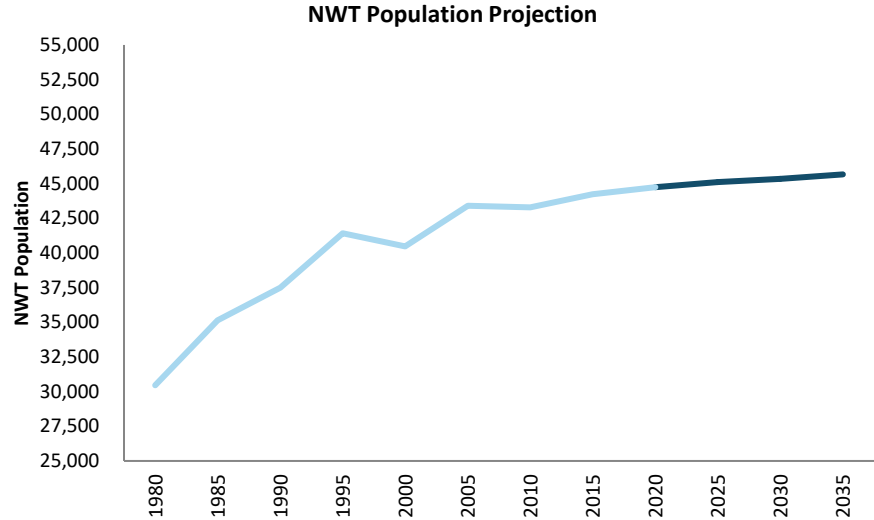


NWT Population Projections

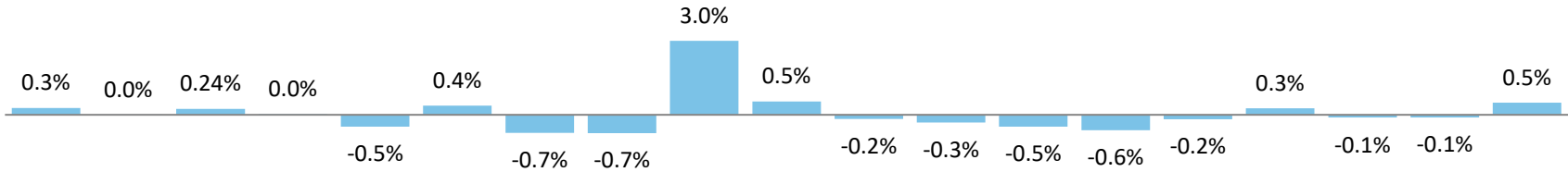
The NWT's population is expected to grow only by 0.2% per annum between 2020 and 2035, much less than the annual growth rate of 1% since 1980.

Seniors will continue to be the fastest growing age cohort at 2.8% - four times the next highest, youth 15 to 24 (0.7%)

Yellowknife is expected to have the highest growth rate with a net loss of people expected in the smaller communities.



NWT Projected Annual Growth Rates 2020 to 2035



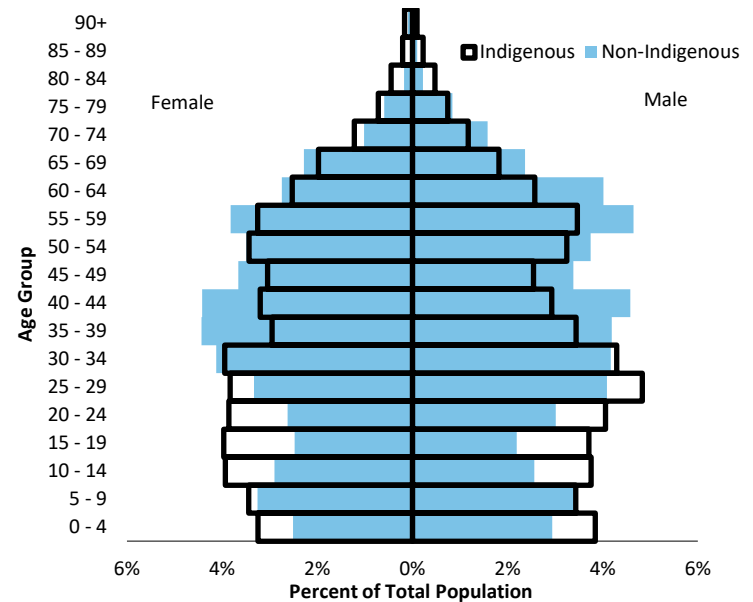
Female	Male	Indigenous	Non-Indigenous	Under 15	15 to 24	24 to 44	45 to 59	60 & Up	Yellowknife	Regional Centres	Smaller Communities	Beaufort-Delta	Deh Cho	Fort Smith	Hay River	Sahtu	Tłı̄chǫ	Yellowknife
Sex		Ethnicity				Age			Community Type						Region			

Population – Ethnicity (2021)

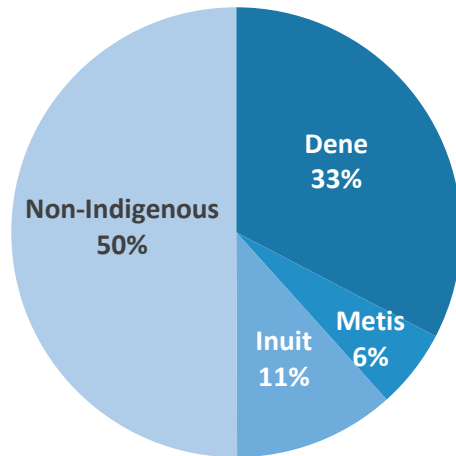
In NWT, the Indigenous population is younger compared to the non-Indigenous population, with 38% of the Indigenous population being 24 years of age or under, compared to 28% for non-Indigenous.

The Dene make up a third of the NWT population, while Inuit make up 11% and the Métis 6% respectively.

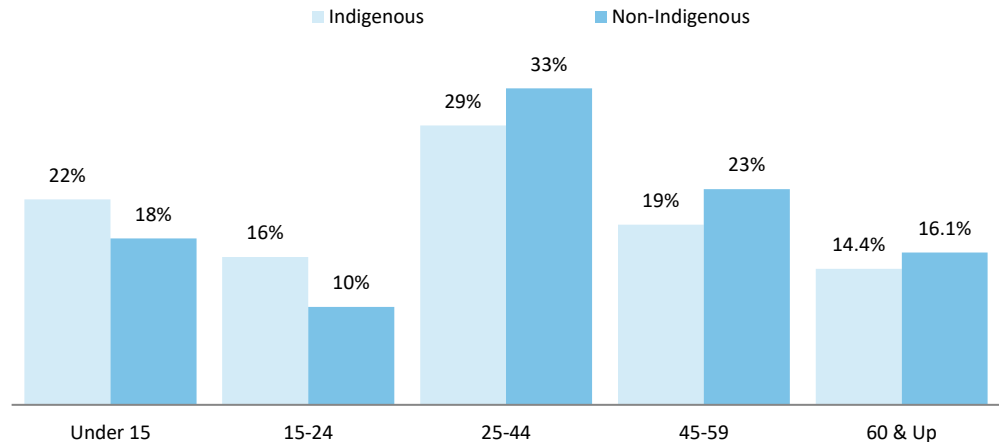
NWT Population 2021 by Ethnicity



NWT Population by Ethnicity



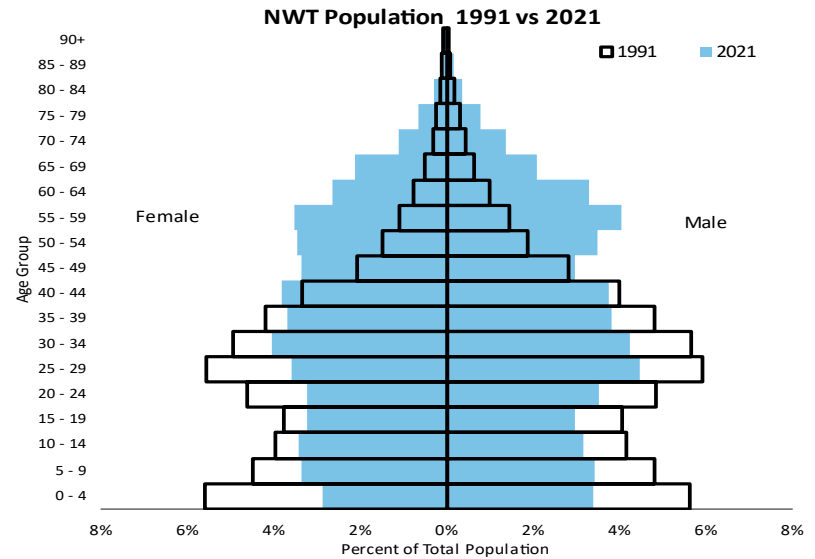
NWT Population by Age Group



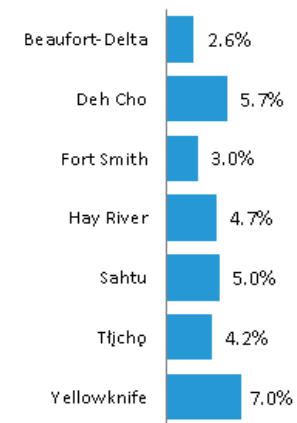
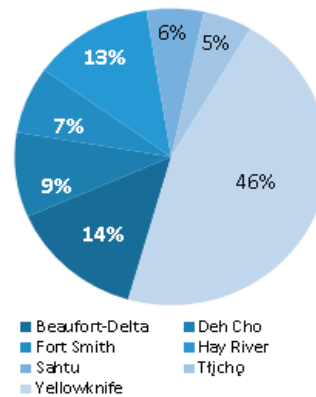
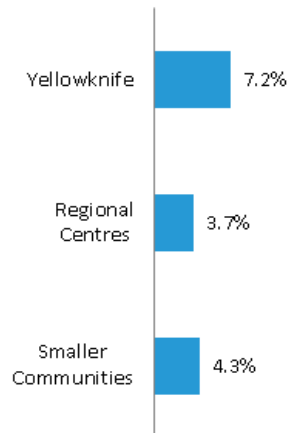
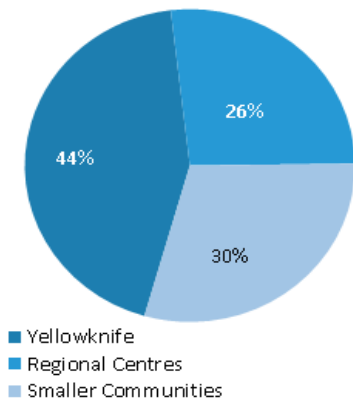
Aging NWT Population

Although the population of the NWT is relatively young compared to Canada as a whole, there is a noticeable trend of aging within the territory. Seniors aged 60 and above, regardless of community type or health region, are experiencing a growth rate more rapid than compared to other age groups.

The Yellowknife area is witnessing a surge in its senior population, with a growth rate up to twice as high as that observed in other regions of the NWT.



Seniors Distribution (2021) and Annual Growth Rates, 2011-2021

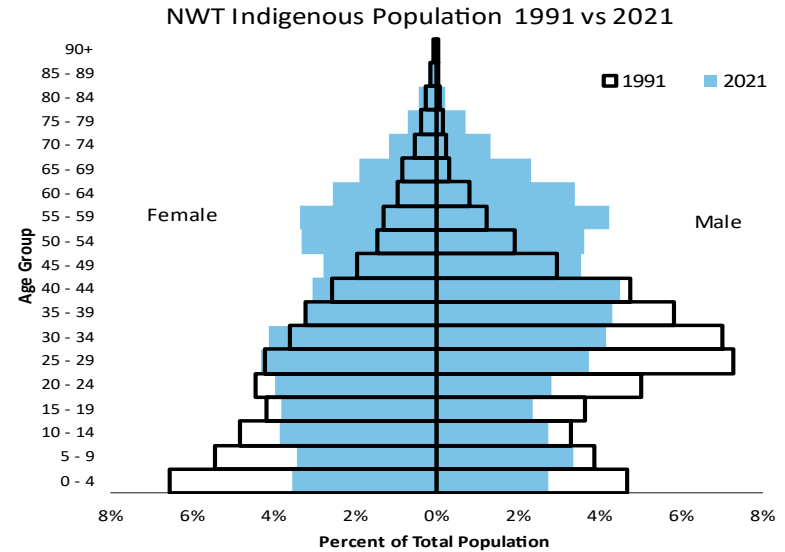


Indigenous Seniors Population (2021)

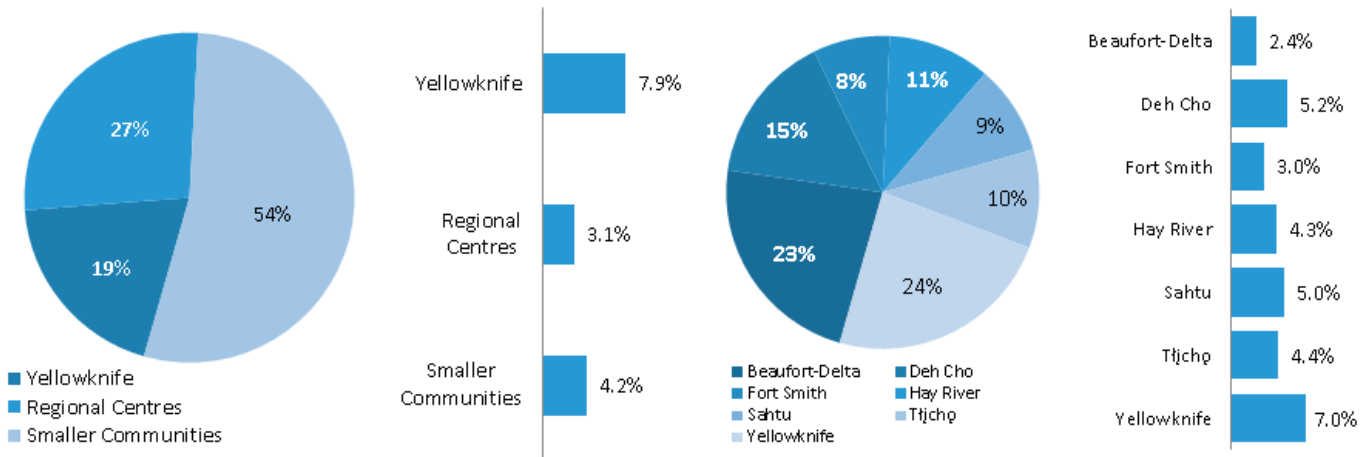
While still young relative to Canada, the NWT's Indigenous population is aging.

Indigenous seniors (age 60+), regardless of community type or health region, are growing faster than other age groups.

The Yellowknife area is experiencing a growth rate in the Indigenous seniors population up to twice that of other areas of the NWT.



Indigenous Seniors - Distribution (2021) and Annual Growth Rates, 2011-2021

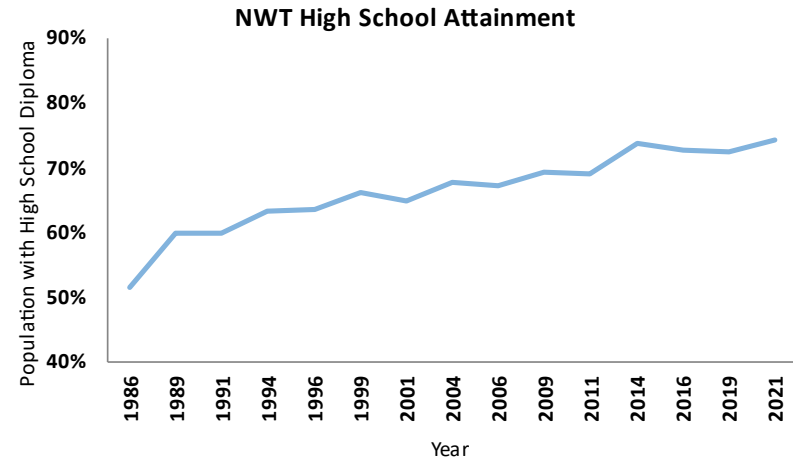


Socioeconomics

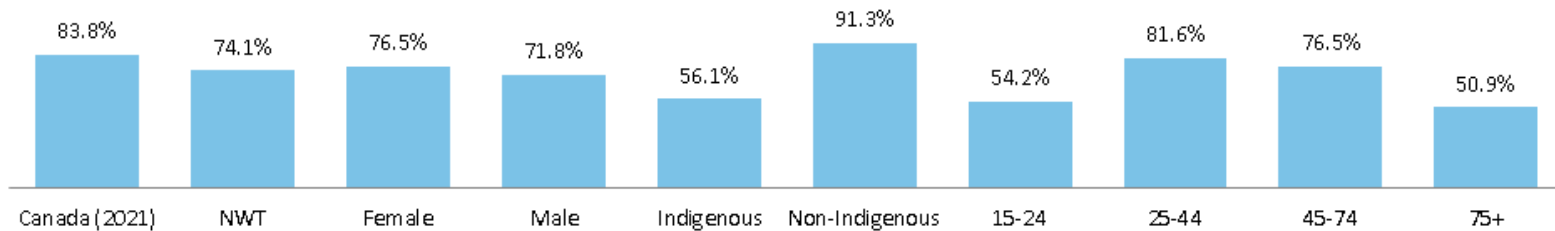
- There are a number important socioeconomic factors that influence the health status of a population including education, unemployment, poverty, housing, crime and violence.
- Education is central not only to success in the labour force in terms of achieving both meaningful and well-paying jobs, but also plays a role in influencing healthy lifestyle choices.*
- Housing conditions are key to health. The lack of affordable housing and other housing challenges can lead to or exacerbate physical and mental health issues.
- Poverty has a detrimental impact on health in several ways, notably amplifying the burden of stress due to financial instability and difficulties in accessing quality food and shelter, and healthcare. Poverty also limits access to support for stress, leaving people with limited, often unhealthy, coping strategies.
- Crime – especially violent crime – plays a negative role in the health of communities and their residents. Violence can result in significant injury as well as mental health issues by those who are victims of it, including depression and post-traumatic stress disorder.
- Inter-generational denial of access to employment, housing, income, healthcare, affordable food, spiritual practices, and family supports due to socioeconomics linked to colonization profoundly affects health outcomes.

Educational Attainment – High School Diploma or Higher

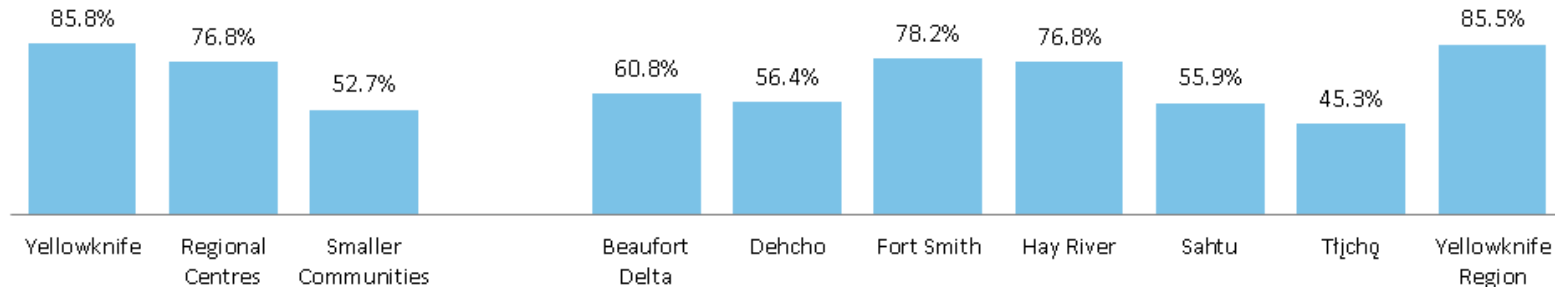
Over the past 35 years, education levels in the NWT have significantly improved, with the percentage of the population holding a high school diploma or higher rising from 51.6% to 74.1%. However, it is important to note that this figure still falls below the national average. Education in the NWT is only available in French and English.



Percentage of Population with a High School Diploma by Sex/Ethnicity/Age (2021)



Percentage of Population with a High School Diploma by Region / Community Type (2021)



Note numbers are for 2021 and age 15 and over unless stated otherwise

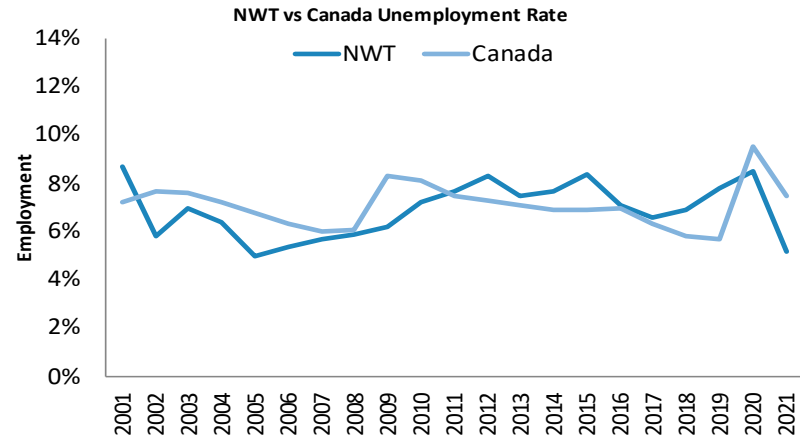
Data Source: Statistics Canada, 2021 Census

Unemployment

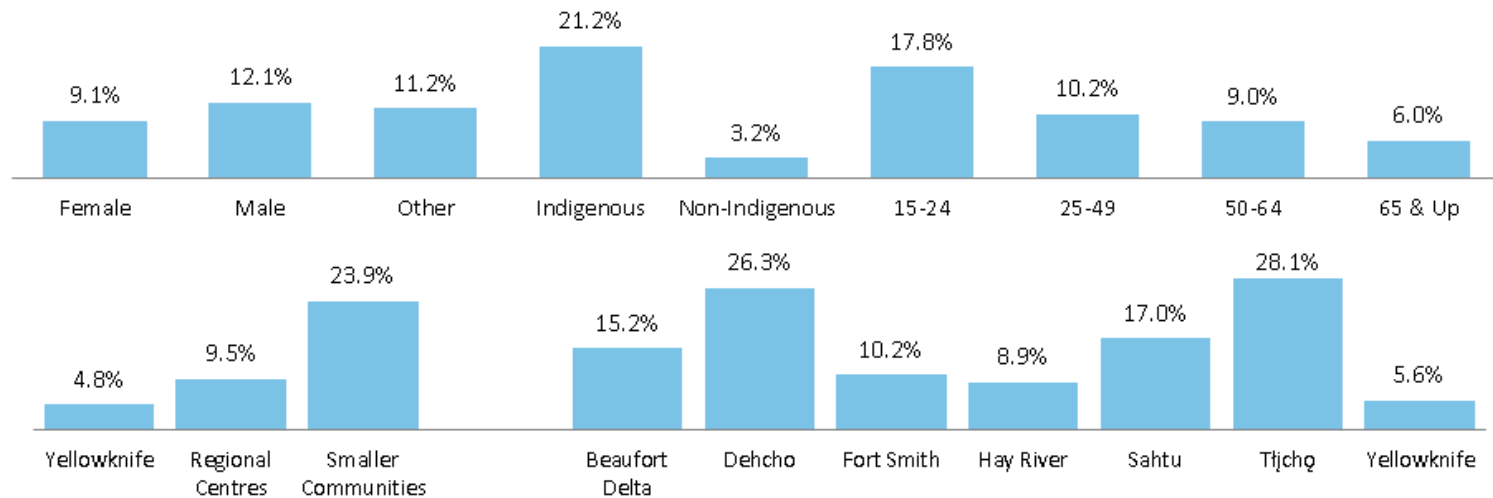
The NWT's unemployment rate has historically been relatively close to that of national average. Within the NWT, the unemployment rate is higher amongst the male, youth and Indigenous populations.

Smaller communities, generally with fewer employment opportunities, have higher unemployment rates than larger centres.

The Tłı̄chǫ, followed by the Dehcho has the highest unemployment rate. Yellowknife and Hay River have the lowest.



Unemployment by Sex/Ethnicity/Age and Geographic Location (2019)



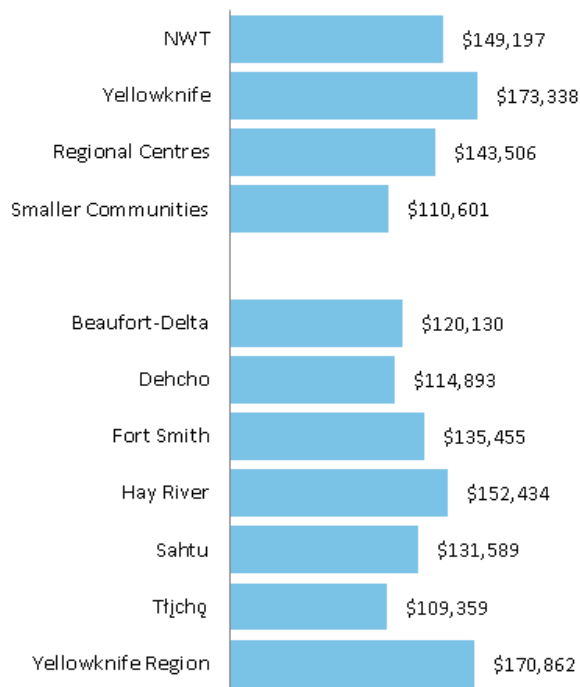
Notes: Rates are derived from the 2019 NWT Community Survey (Age 15 and over) . Long-term trend data is from Statistics Canada

Income

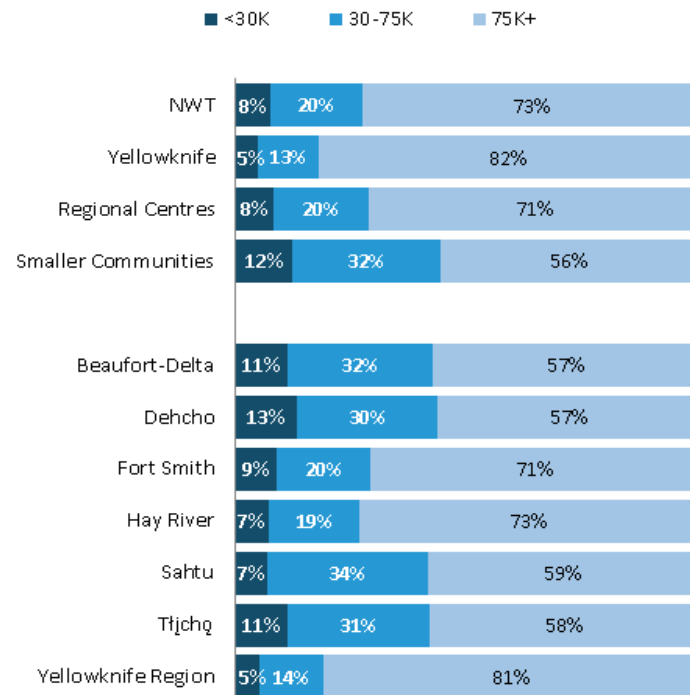
Yellowknife has the highest average family income, the highest proportion of families earning \$75,000 or more and the fewest families earning less than \$30,000. In contrast, smaller communities have the lowest average family income and the lowest proportion of families earning \$75,000 or more and the highest percentage earning less than \$30,000.

The Dehcho and Tłı̨chq regions have the lowest average family incomes and they, along with the Beaufort-Delta, have the smaller proportion of families earning \$75,000 or more.

Average Family Income (2020)



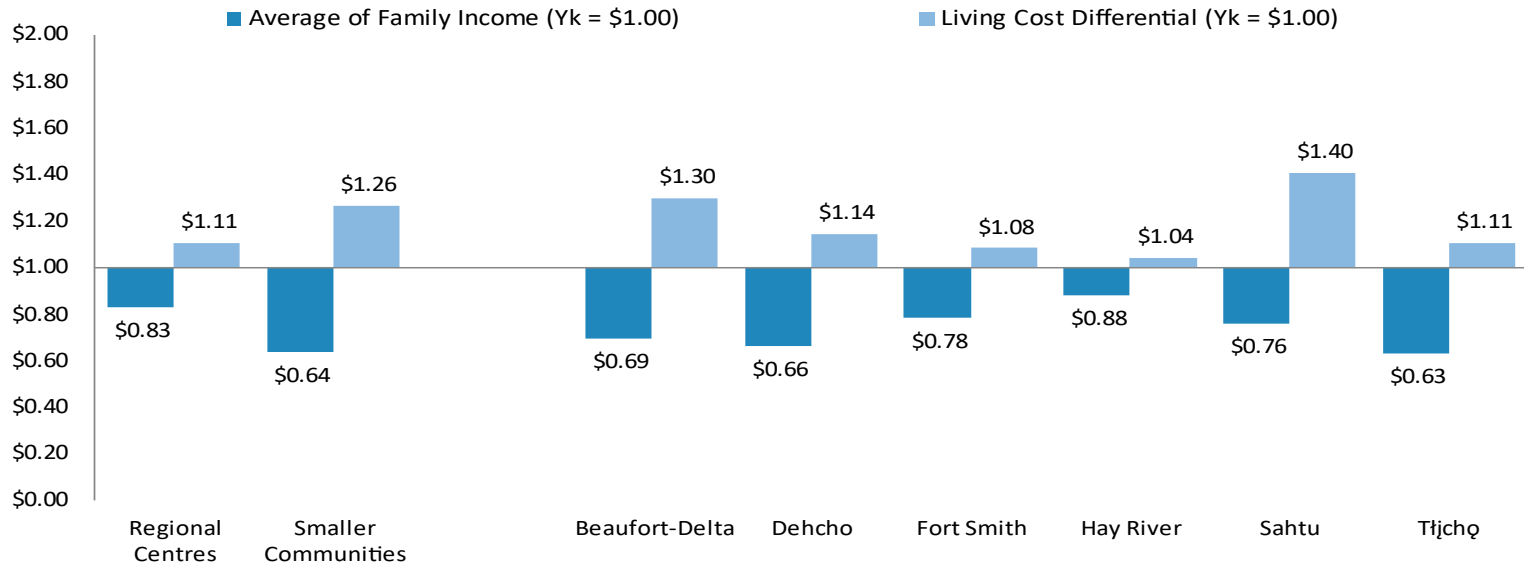
Distribution of Families by Income (2021)



Income and Cost of Living

To examine the relationship between income and the cost of living in the NWT, Yellowknife is used as a benchmark for average family income and the overall cost of living as measured by the federal isolated post living cost differential.

Income and Cost of Living Variance from Yellowknife



Families in the smaller communities and regional centres earned on average 58 and 80 cents, respectively, for every dollar earned by a family in Yellowknife. In contrast, residents of smaller communities and regional centres were expected to spend \$1.26 and \$1.11 on living expenses compared to every \$1.00 spent by a Yellowknife resident.

Notes: Average family income is for 2019; federal isolated post living cost differentials are for 2018 and have been adjusted for comparison purposes between Yellowknife and the rest of the NWT. Living cost differentials are weighted by population where community figures exist to derive regional averages.

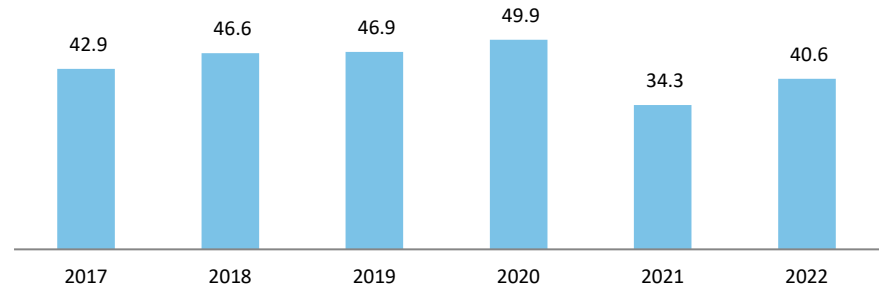
Income Assistance

The number of income assistance cases per 1,000 population increased over time until 2021, when there is a notable drop.

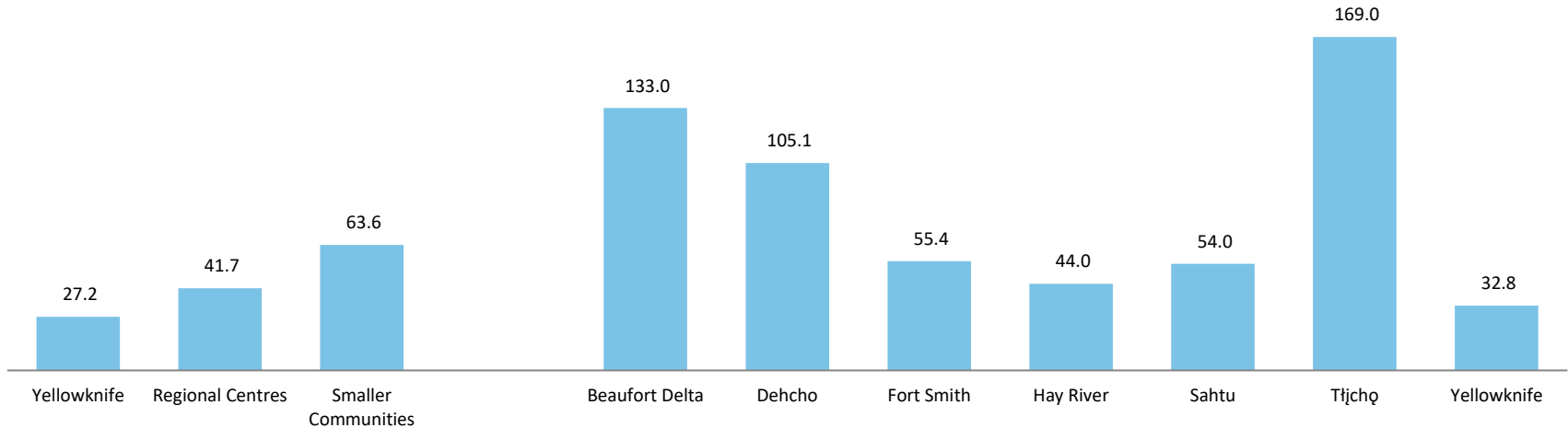
Communities outside of Yellowknife and the Regional Centres have a much higher rate of income assistance cases.

The Tłjchq has the highest regional rate, followed by the Beaufort-Delta.

NWT Income Assistance Cases per 1,000 population



Income Assistance Cases per 1,000 population by Region/Community Type



Notes: Rates are cases per 1,000 and are for 2022. Changes to the income assistance program made data prior to 2017 incomparable.

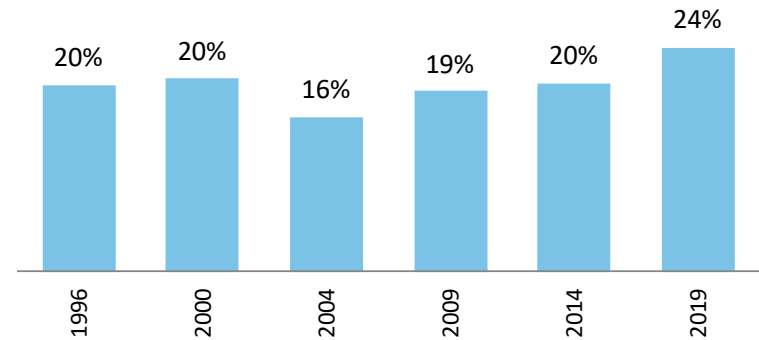
Housing – Proportion of Households in Core Need

After remaining relatively stable between 1996 and 2014, the proportion of NWT households considered to be in Core Need increased in 2019.

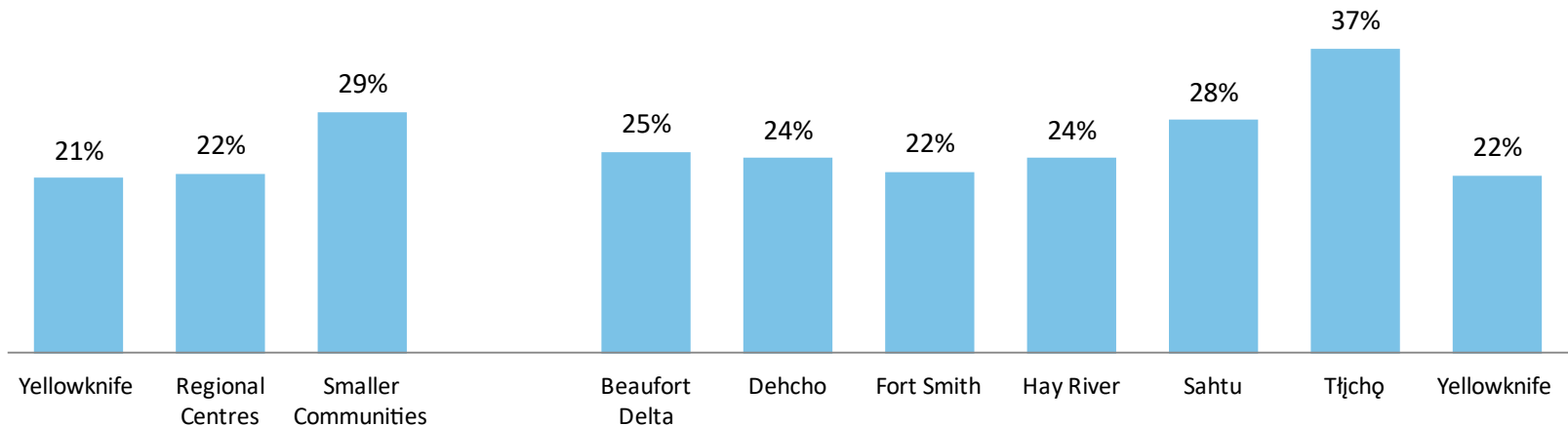
Smaller communities have the highest proportion of households in core need.

The Tłjchq has the highest proportion of households in core need, followed by the Sahtu and the Beaufort Delta.

Proportion of NWT Households in Core Need



Proportion of NWT Households in Core Need by Region/Community Type



Notes: Numbers are for 2019 unless otherwise stated.

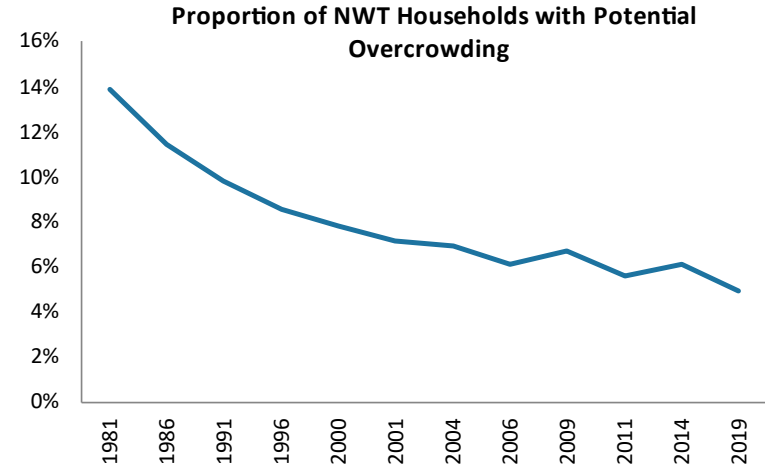
Core Need: Core housing need in the NWT is defined as a household that fails to meet one or more of the following standards: adequacy (home condition), suitability (overcrowding), and affordability (cost of living), and has a total household income below the Core Need Income Threshold

Housing – Possible Overcrowding

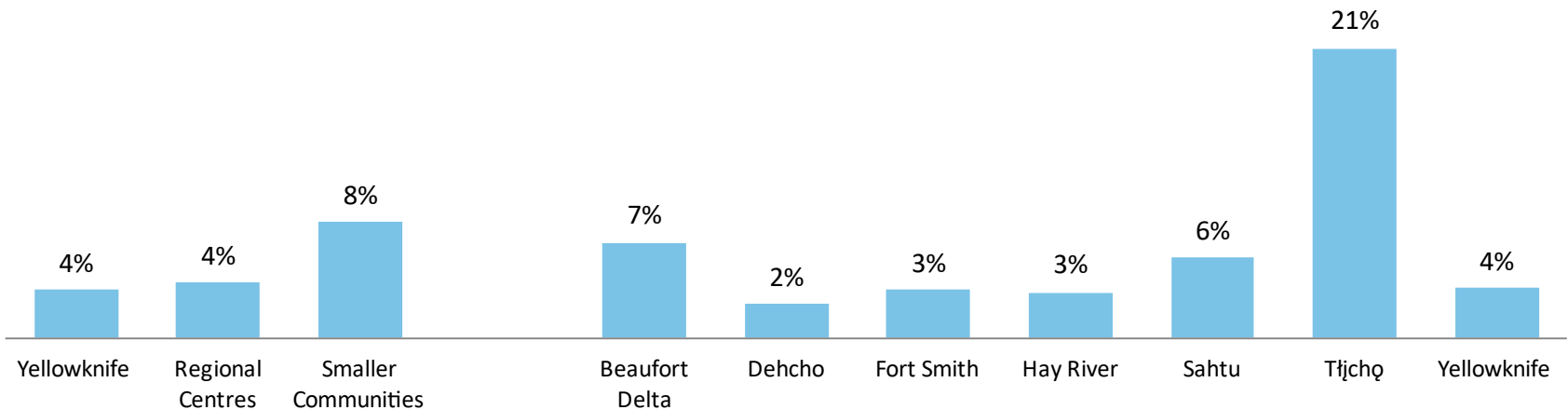
The proportion of NWT households with six or more persons, which is considered possible overcrowding, is less than half of what it was in the early 1980s.

Communities outside of Yellowknife and the Regional Centres have twice the proportion of households with possible overcrowding.

The Tłı̄chǫ had the highest proportion of households possibly overcrowded in the NWT.



Proportion of NWT Households with Potential Overcrowding by Region/Community Type

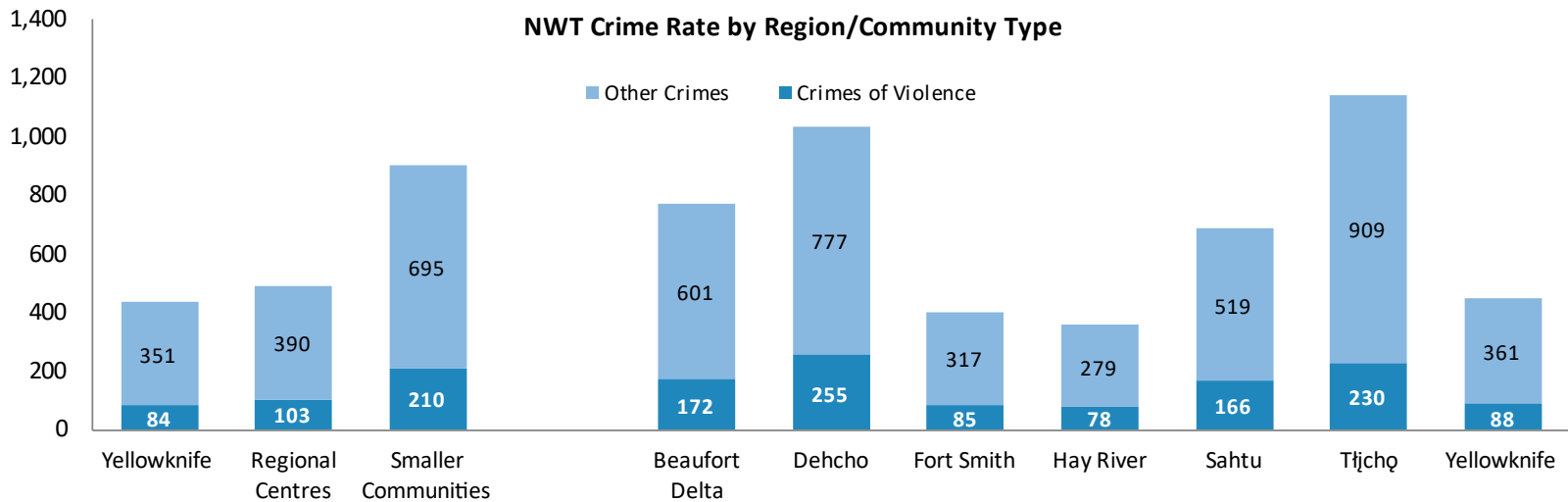
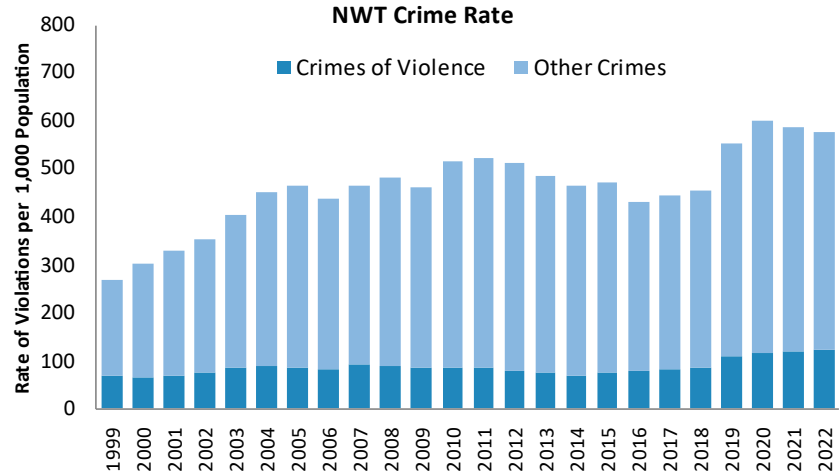


Crime Rates

The NWT crime rate has increased over the last two decades. Most of this increase came from non-violent crimes (e.g., disturbing the peace and property damage).

The rates for crime overall and violent crime are the highest in the smaller communities.

The Tłjchq had the highest overall rate of crime, and the Dehcho had the highest rate of violent crime.



Notes: Rates are the number of violations per 1,000 and are for 2022 unless otherwise stated.

Financial and Food Insecurity

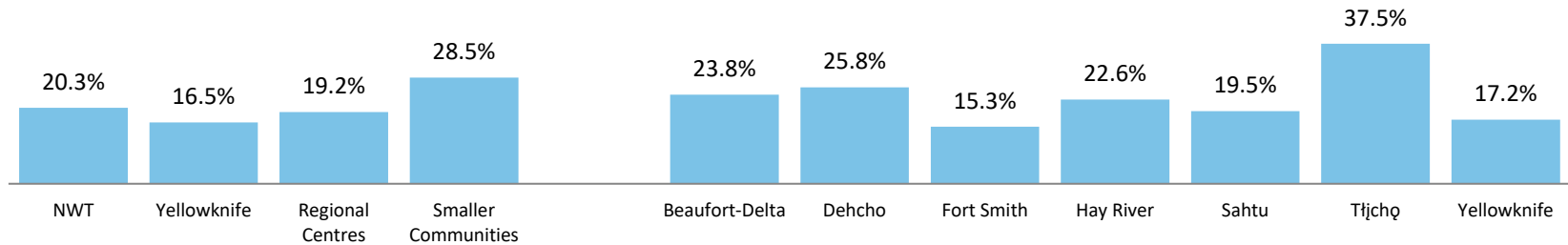
A larger proportion of households in smaller communities find it very difficult or difficult to make ends meet (general financial insecurity) compared to those in larger centres.

The Tłı̄chǫ followed by the Dehcho have the highest proportion of households experiencing general financial insecurity.

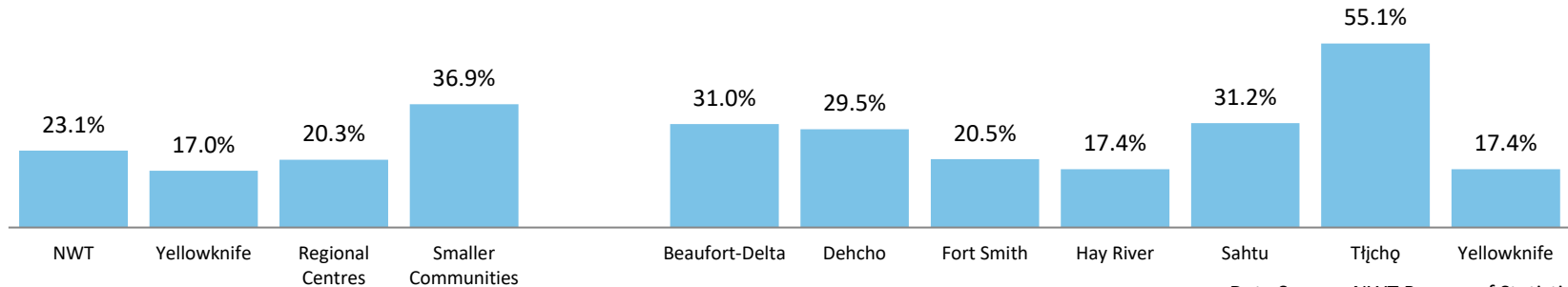
A larger proportion of households in smaller communities were often or sometimes worried they would not have enough money for food (food insecurity) compared to those in larger centres.

The Tłı̄chǫ followed by the Sahtu and the Beaufort-Delta had the highest proportion of households reporting food insecurity. Nationally, less than 13% of households reported some degree of food insecurity.

Households Finding it Very Difficult or Difficult to Make Ends Meet by Region/Community Type



Households Worried Not Enough Money for Food - Often or Sometimes by Region/Community Type

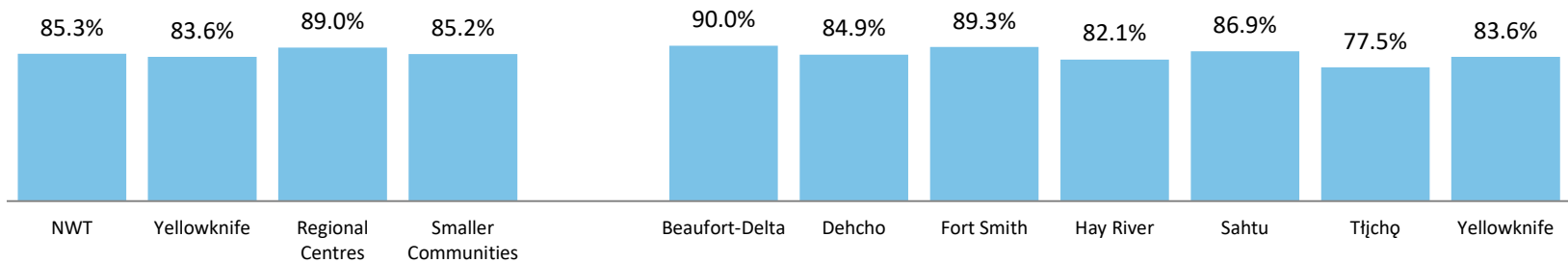


Community Safety

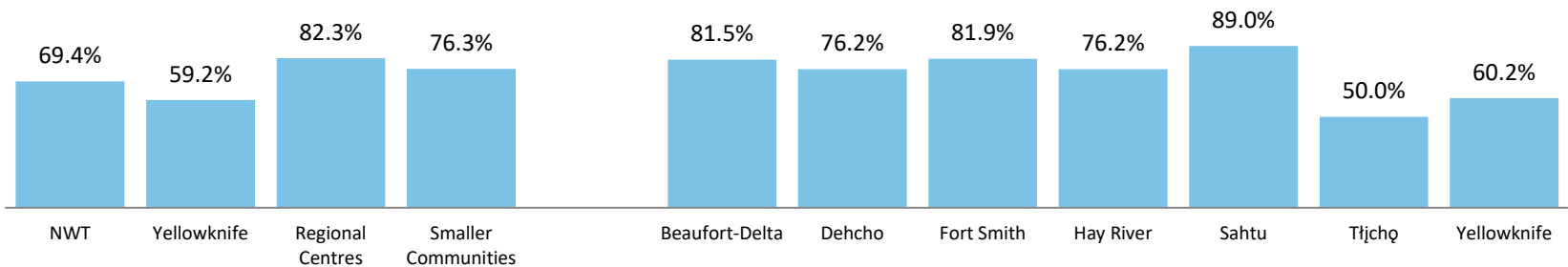
A large majority of households feel very satisfied or satisfied that they are safe and secure within their home. While all regions have high rates of households feeling safe and secure within their own home, households from the Beaufort-Delta had the highest and the Tłı̨chǫ had the lowest rates.

While a majority of households reported feeling very or reasonably safe walking alone in their community, there were some large regional differences. The Tłı̨chǫ, followed by Yellowknife, had the lowest proportion of households feeling very or reasonably safe walking alone in their community, while the Sahtu, followed by Fort Smith and Beaufort-Delta, had the highest proportion.

Households Very Satisfied or Satisfied that they are Safe and Secure within their Home by Region/Community Type



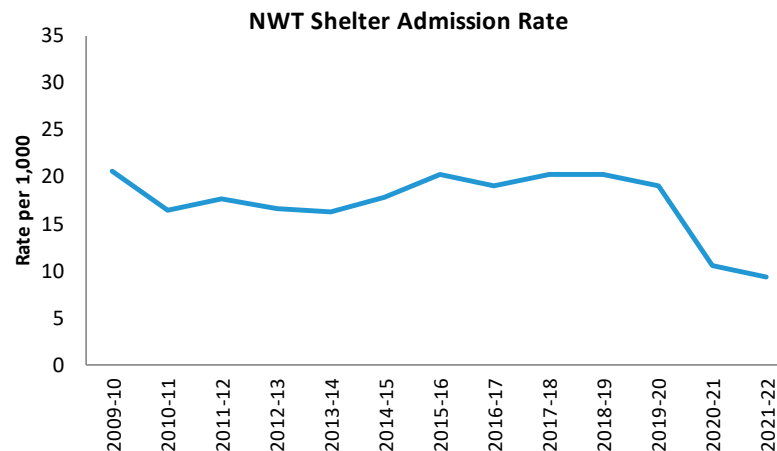
Households Feeling Very or Reasonably Safe Walking Alone in Community by Region/Community Type



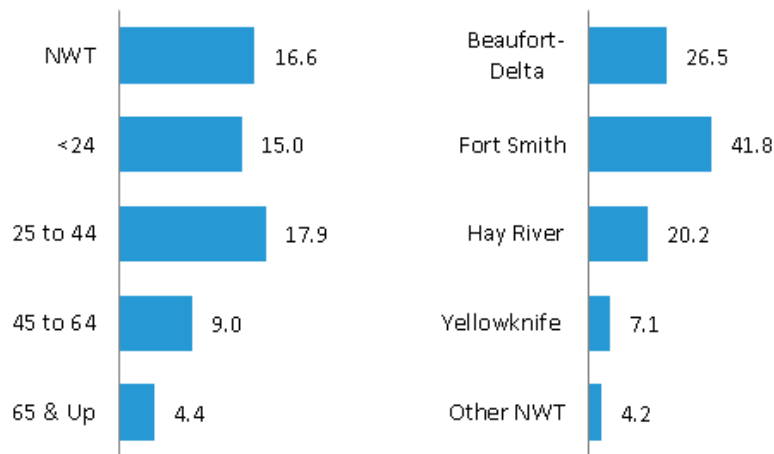
Family Violence – Shelter Admissions

While admissions to family violence shelters have remained relatively steady between 2009-10 and 2019-20, they dropped dramatically in 2020-21 and remained low in 2021-22 - likely due in part to the impacts of the pandemic.

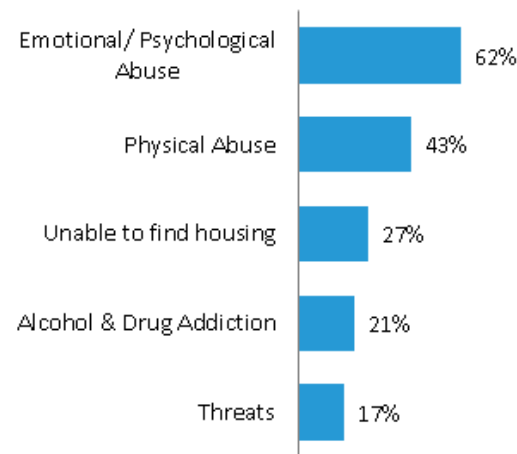
The highest rate is for women aged 25 to 44 years old. Shelter usage was highest amongst women from Fort Smith and the Beaufort-Delta.



Shelter Admission Rate



Top Five Reasons for Admission



Healthy Actions

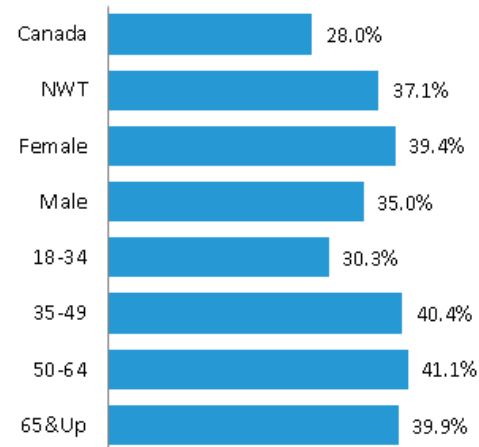
- There are a number of behaviours and that can lead to poor health outcomes, including: obesity, inactivity, poor diet, tobacco use and heavy drinking.
- Obesity creates risk factors for a number of diseases including cardiovascular diseases, osteoarthritis, mental health issues (e.g., depression) and diabetes.
- Lack of physical activity and poor food choices play a large part in obesity as do genetics, mental health and socioeconomic factors.
- Tobacco use is linked to many health problems including lung cancer, chronic obstructive pulmonary disease, heart disease and stroke.
- Heavy drinking is also linked to, or a plays a factor in, a number of health and social issues including heart disease, stroke, cancer, liver disease and stomach issues, injuries, addiction, crime and violence.

Obesity, Activity and Nutrition

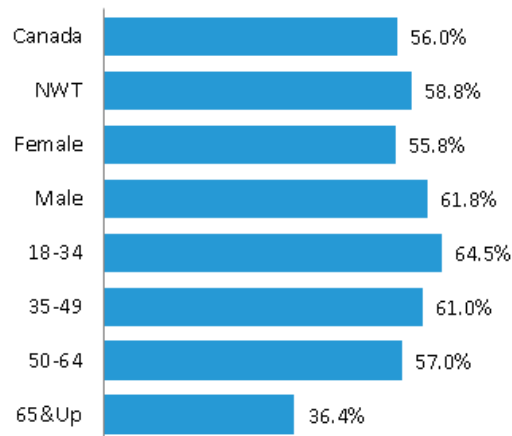
The NWT scores poorly in relation to the national average with a higher proportion of the population considered to be obese, and a lower proportion of the population eating five or more servings of fruit/vegetables per day.

There is no meaningful difference between the NWT and Canada in terms of physical activity levels.

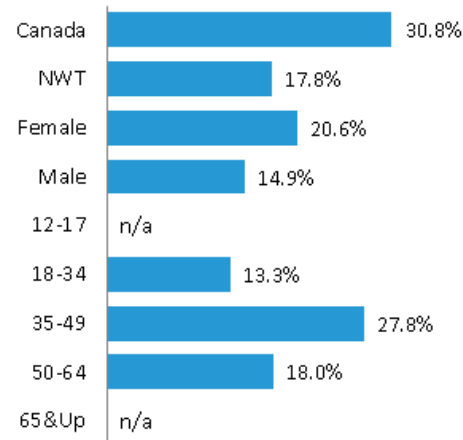
Obesity



Physical Activity - 150+ Minutes per week



Fruit/Vegetables - 5+ servings a day



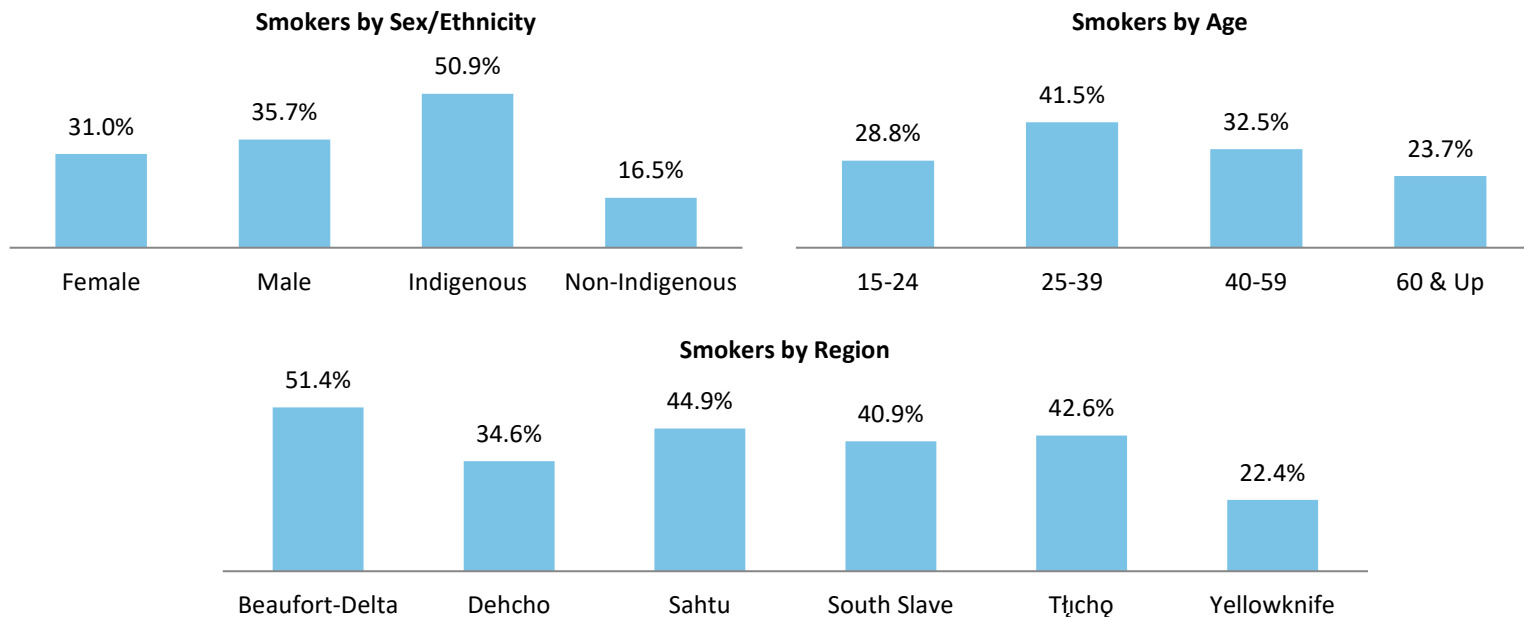
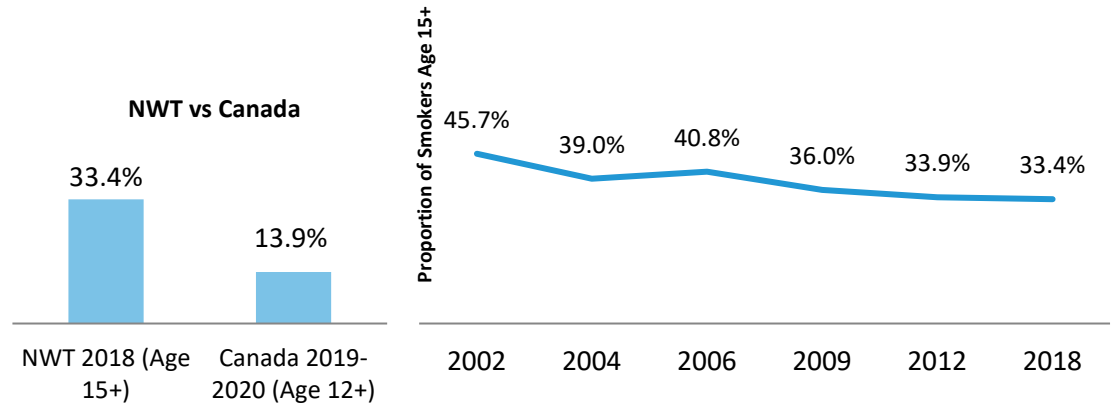
Notes: The Canadian Community Health Survey results for obesity are for the two-year period 2019/2020, results for physical activity are for 2017/2018 and results for fruit and vegetable consumption are for 2019/2020 for the NWT and 2015/2016 for Canada.

Current Smokers – Proportion of the Population

The NWT rate of current smokers has declined since 2015-16 but remains higher than the national rate.

Adults 18-34 have the highest rate of current smokers.

Indigenous residents have a notably higher rate of current smokers than non-Indigenous residents.

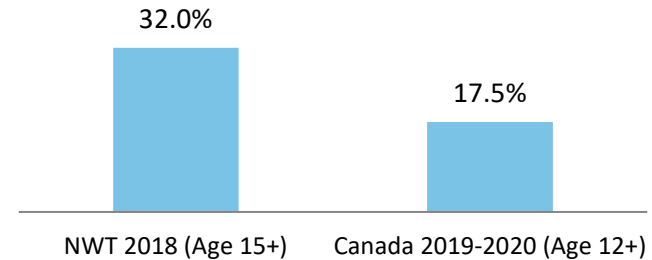


Proportion of Population Heavy Drinking

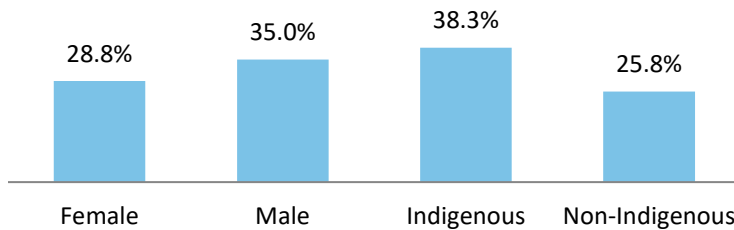
The NWT has a higher rate of heavy drinking than Canada. Indigenous residents have a higher rate than non-Indigenous.

The Beaufort-Delta has the highest rate of heavy drinking.

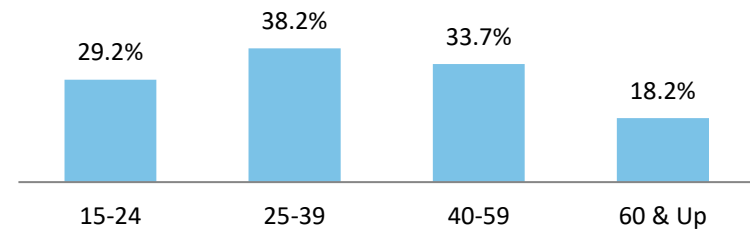
Heavy Drinking NWT vs Canada



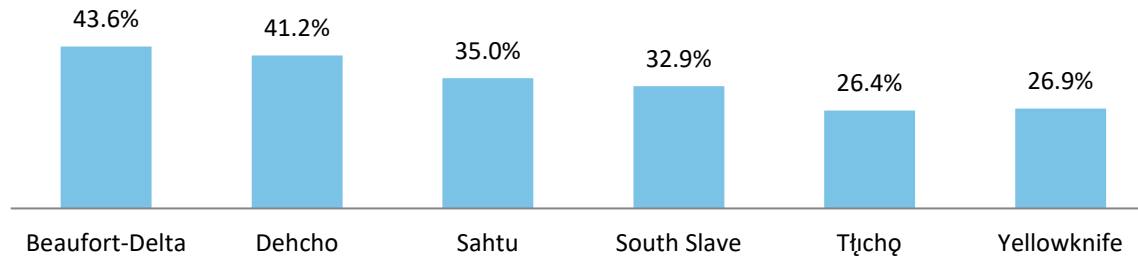
Heavy Drinking by Sex/Ethnicity



Heavy Drinking by Age Group



Heavy Drinking by Region



Notes: Results are for 2018 unless otherwise stated. Heavy drinking is consuming five or more drinks (men), or four or more drinks (women), on one occasion at least once per month. South Slave includes Hay River, Fort Smith, Lutselk'e and Fort Resolution. Proportions are based on the population heavy drinking (Age 15+) divided by the entire population (Age 15+ current and non-current drinkers).

MENTAL HEALTH AND ADDICTIONS



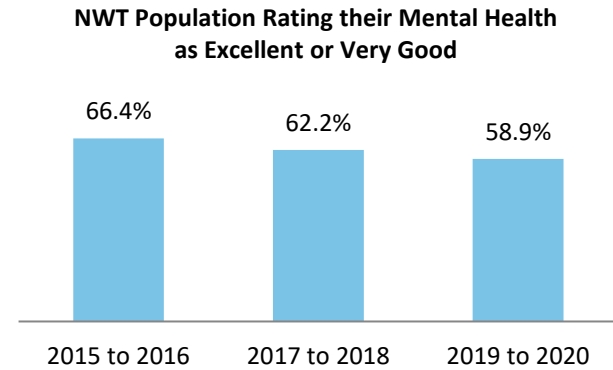
Self Reported Mental Health and Well-being

- Self-reported mental health is an important measure of the overall health of a population.
- A number of factors can contribute to the mental health of a population including social connectivity to others and the wider community, the amount of stress dealt with on a daily basis as well as one's feeling of satisfaction with life.
- These factors and overall mental health status are in turn determined by a number of factors including: socioeconomic status, family cohesion/health, community health/well-being, legacy of trauma resulting from residential schools and colonialism, and the accessibility of appropriate services.
- Poor mental health status can lead to several negative health outcomes including problematic substance use, hospitalization, self-injury and suicide.

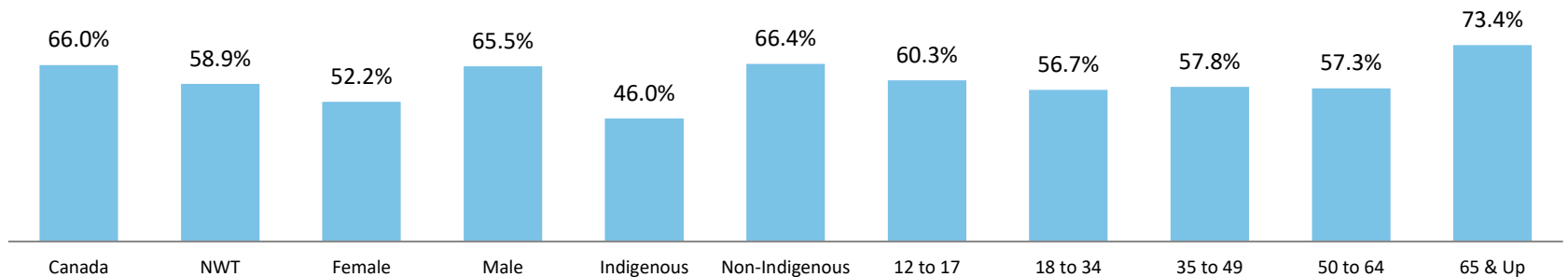
Population Rating Mental Health as Excellent or Very Good

The NWT has a lower proportion of the population who rate their mental health status as being excellent or very good compared to the Canadian average. Indigenous have a lower rate compared to non-Indigenous.

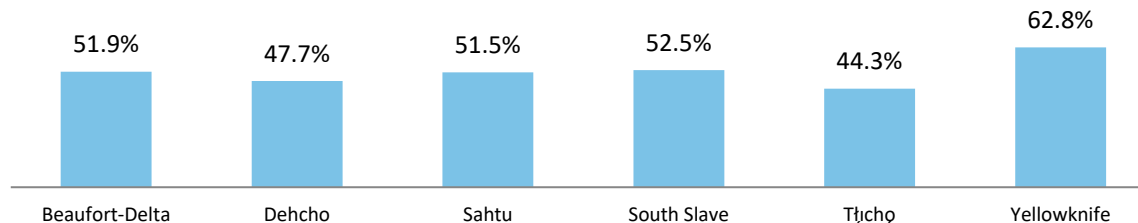
Tłıchq and Dehcho have the lowest proportion of respondents rating their mental health as excellent or very good.



Population Rating Mental Health as Excellent or Very Good by Sex/Ethnicity/Age Group



Population Rating Mental Health as Excellent or Very Good by Region

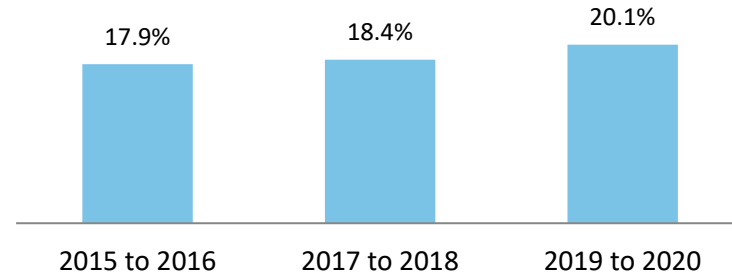


Population Reporting Quite a Bit or Extreme Stress in Life

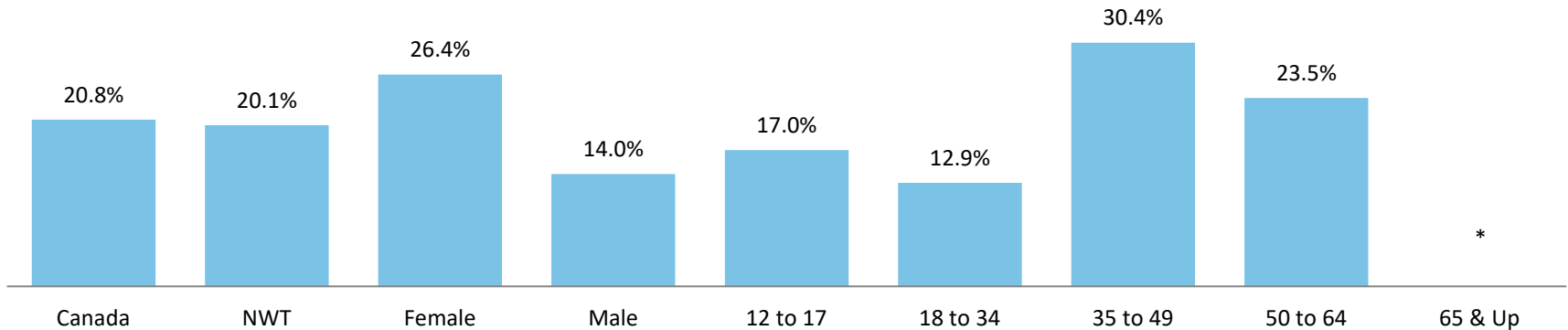
There is no meaningful difference between the NWT and Canada on the percentage of the population reporting to be experiencing quite a bit or extreme stress.

A higher proportion of females reported stress (quite a bit/extreme) than males. A lower proportion of youth/adults aged 18 to 34 reported stress relative to those 35+.

NWT Population Reporting Quite a Bit or Extreme Stress in Life



Population Reporting Quite a Bit or Extreme Stress in Life NWT vs Canada/By Sex/Age



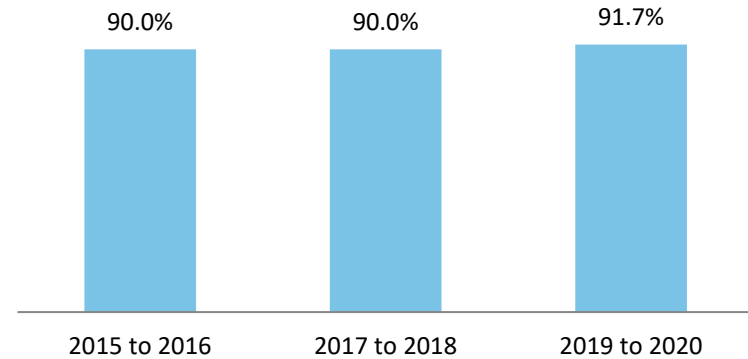
Notes: * Too few results to publish. The Canadian Community Health Survey results are for the two-year period 2019 to 2020.

Population Reporting They are Satisfied or Very Satisfied with Life

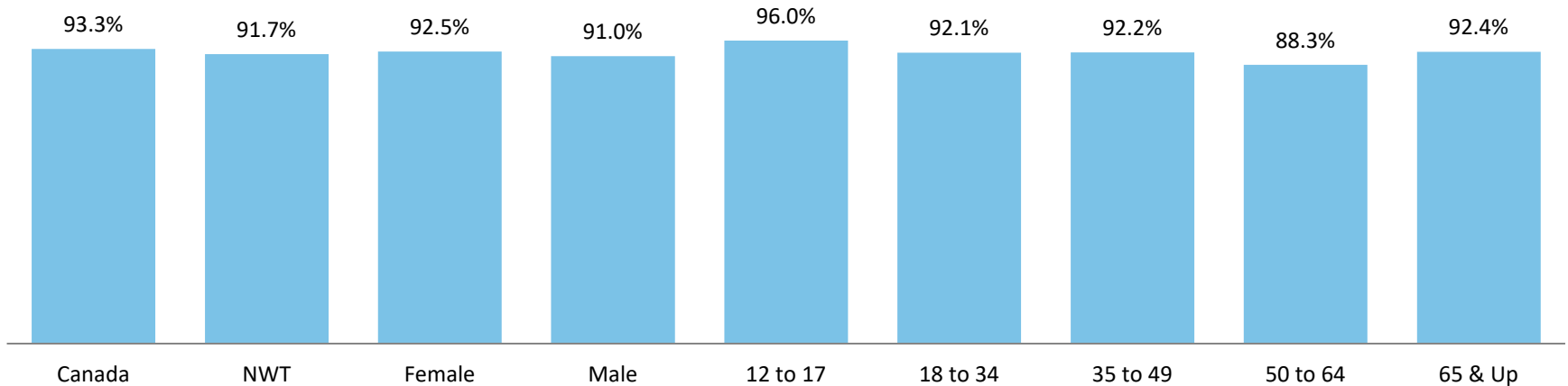
There was no meaningful difference between the NWT and Canada on those reporting that they are satisfied or very satisfied with their lives.

There was no meaningful difference between genders or across age groups

NWT Population Reporting they are Satisfied or Very Satisfied with Life



Population Reporting they are Satisfied or Very Satisfied with Life NWT vs Canada / NWT by Sex/Age Group



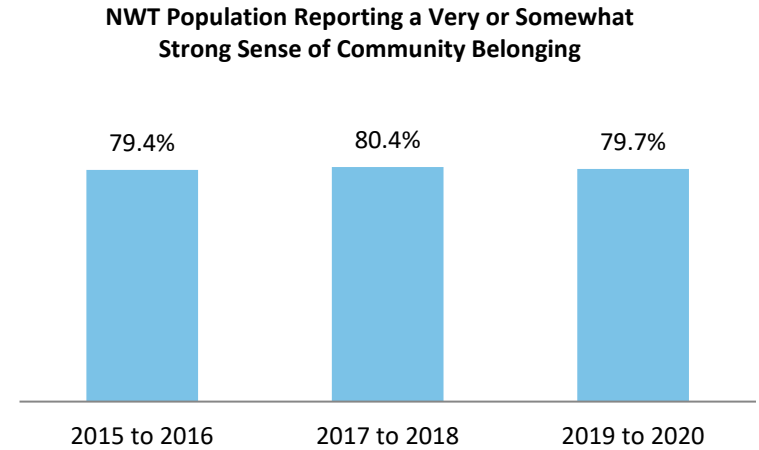
Notes: The Canadian Community Health Survey are for the two-year period 2019 to 2020.

Source: NWT Bureau of Statistics, Canadian Community Health Survey

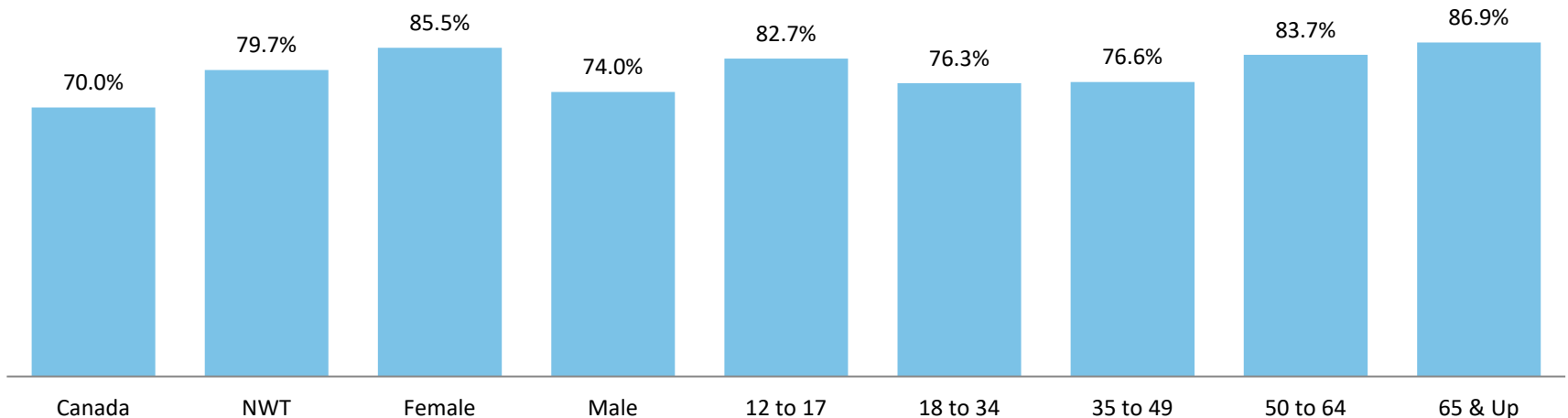
Population Reporting a Very or Somewhat Strong Sense of Community Belonging

The NWT scores well in relation to the national average with a higher proportion of the population reporting a very strong or somewhat strong sense of community belonging.

A higher proportion of females reported a very or somewhat strong sense of community belonging than males. There were no meaningful difference across age groups.



Population Reporting a Very or Somewhat Strong Sense of Community Belonging NWT vs Canada, Sex/Age Group



Notes: The Canadian Community Health Survey are for the two-year period 2019 to 2020.

Source: NWT Bureau of Statistics, Canadian Community Health Survey

Mental Health and Substance Use Harm Hospitalizations

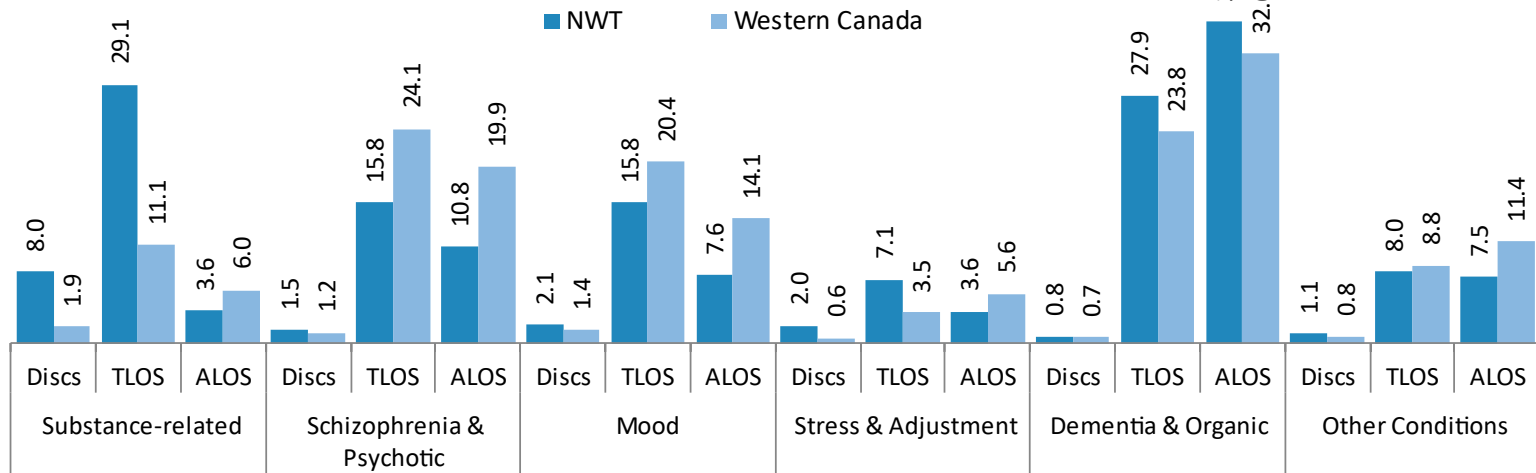
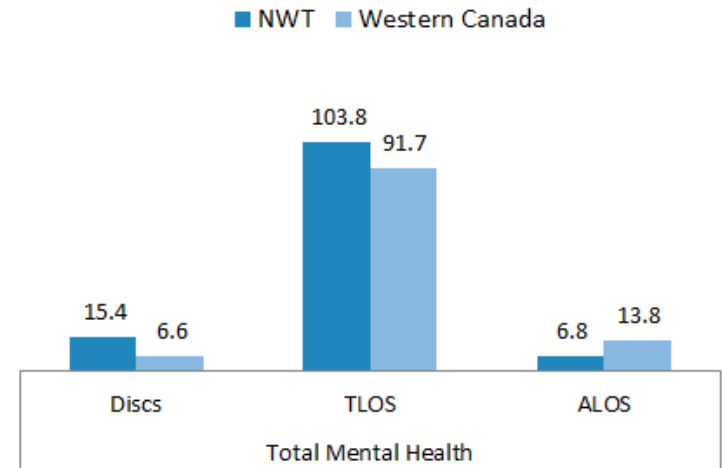
- Mental health hospitalizations represent a small portion of the prevalence of mental health issues and serves as a tangible and measurable point within the healthcare system. This can provide valuable insights into the more severe end of the mental health spectrum, which is a critical aspect of the overall mental health landscape.
- Such hospitalizations, while necessary at times, are often preventable through the treatment of issues in other venues (e.g. counselling, outpatient psychiatric services, and addiction treatment programs).
- Substance use harm hospitalizations include not only patients admitted for addiction and acute harm from alcohol and/or drugs but also include those who have accidentally overdosed and those who have health conditions due to the long-term abuse of alcohol (e.g. liver cirrhosis).
- Similar to mental health hospitalizations, substance use harm hospitalizations only represent a fraction of the issues arising from problematic substance use in society as a whole.

Mental Health Hospitalizations by Type of Disorder

The NWT has over twice the rate of mental health hospitalizations when compared to Western Canada, although the average length of stay is half that of Western Canada.

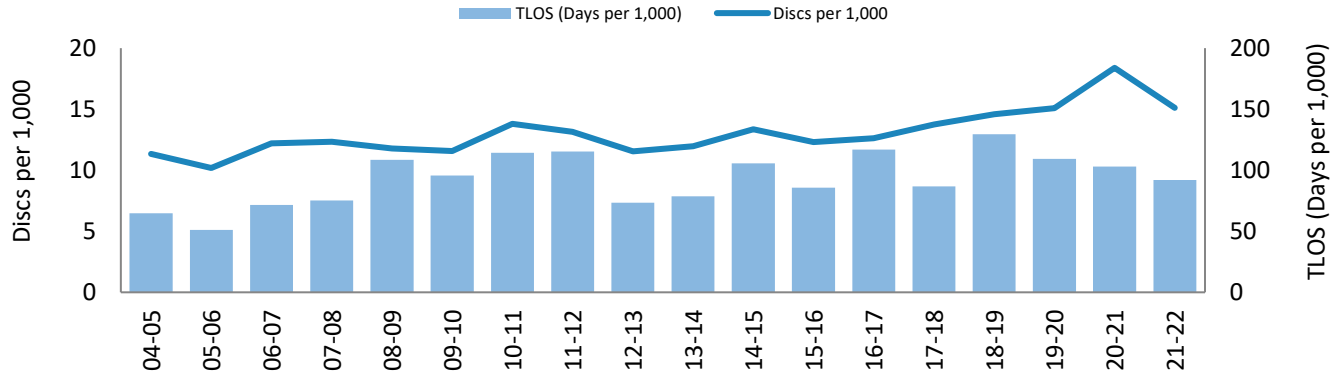
The main driver of the high rate of mental health hospitalizations are hospitalizations related to substance use (primarily alcohol) at over four times the Western Canadian average.

Hospitalizations for stress and adjustment related conditions and mood disorders were also higher than the respective Western Canadian averages.



Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days Per 1,000), and ALOS = Average Length of Stay (Days). Rates and ALOS are age-standardized (2017-18 to 2021-22). Western Canada (BC, AB, SK, MB, YK, NWT, & NU). Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations - Historical



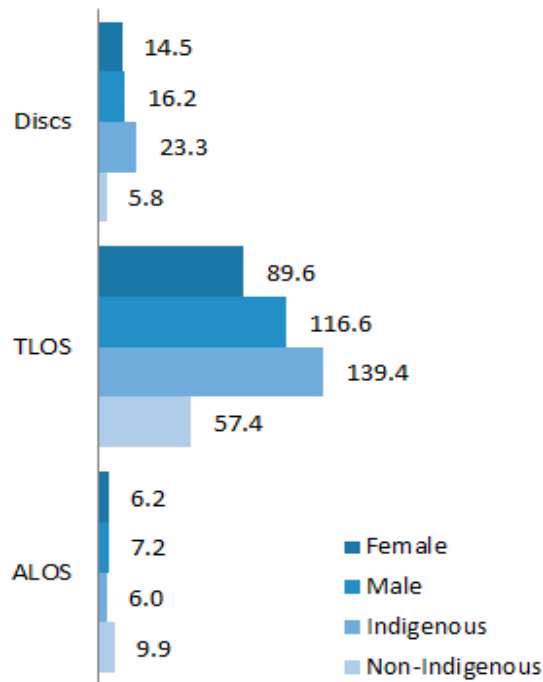
The rate of hospital stays for mental health conditions has increased since the mid 2000s.

In most of the last five years the top five sets of conditions have been the same with some minor fluctuation in the rankings between schizophrenia/psychotic disorders, mood disorders and stress and adjustment disorders.

Rank	2017-18	2018-19	2019-20	2020-21	2021-22
1	Substance Use 45.7%	Substance Use 45.7%	Substance Use 52.8%	Substance Use 61.6%	Substance Use 51.8%
2	Stress and Adjustment 16.0%	Mood 20.1%	Mood 17.1%	Stress and Adjustment 10.3%	Stress and Adjustment 14.0%
3	Mood 15.5%	Stress and Adjustment 13.8%	Stress and Adjustment 13.6%	Mood 9.4%	Schizophrenia & Psychotic 11.1%
4	Schizophrenia & Psychotic 11.9%	Schizophrenia & Psychotic 10.7%	Schizophrenia & Psychotic 9.5%	Schizophrenia & Psychotic 7.8%	Mood 9.3%
5	Anxiety 4.4%	Dementia & Organic 3.4%	Dementia & Organic 3.1%	Dementia & Organic 3.5%	Dementia & Organic 3.3%
Other	6.4%	6.3%	3.9%	7.4%	10.4%

Note: Disc = Discharges (Stays per 1,000) and TLOS = Total Length of Stay (Days per 1,000). Rates are age-standardized; proportions are not age-standardized. Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations by Sex and Ethnicity



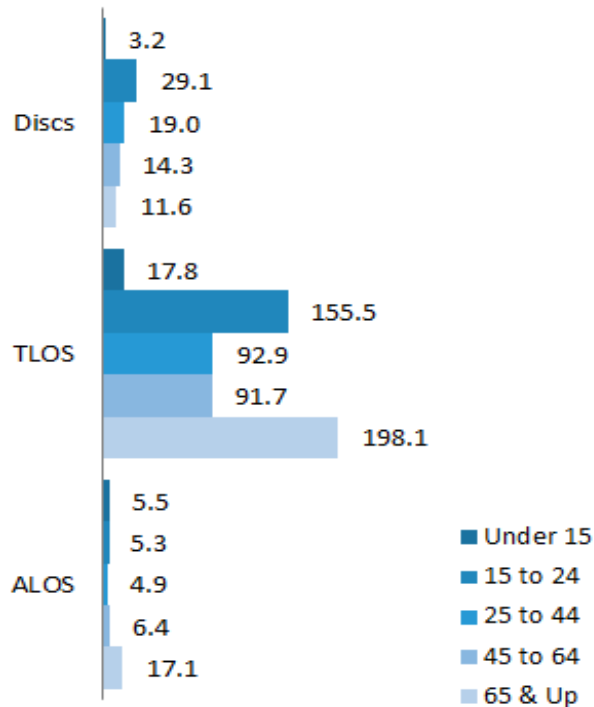
Rank	Female	Male	Indigenous	Non-Indigenous
1	Substance Use 41.6%	Substance Use 61.0%	Substance Use 56.2%	Substance Use 38.5%
2	Mood 19.1%	Schizophrenia & Psychotic 12.5%	Stress and Adjustment 13.0%	Mood 23.4%
3	Stress and Adjustment 18.4%	Mood 9.6%	Mood 11.3%	Stress and Adjustment 12.5%
4	Schizophrenia & Psychotic 7.3%	Stress and Adjustment 9.1%	Schizophrenia & Psychotic 10.8%	Schizophrenia & Psychotic 6.9%
5	Dementia & Organic 3.9%	Dementia & Organic 2.9%	Dementia & Organic 2.9%	Dementia & Organic 6.1%
Other	9.7%	4.9%	5.8%	12.5%

The rate of hospitalizations for males is somewhat higher than for that of females. Substance use disorders figure prominently for both sexes, although they are featured more as a reason for mental health hospitalizations for males. Mood disorders and stress and adjustment disorders also figure prominently for women, as do schizophrenia and psychotic disorders for males.

Indigenous residents have a higher mental health hospitalization rate, four times higher than Non-Indigenous residents, although they have a lower average length of stay. Substance use disorder hospitalizations tend to involve shorter stays and such hospitalizations make up over 56% of mental health hospitalizations for Indigenous residents but less than 39% for Non-Indigenous residents.

Note: Disc = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days per 1,000) and ALOS = Average Length of Stay (Days). Rates are age-standardized (2017-18 to 2021-22) proportions are not age-standardized. Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations by Age Group



Rank	<15	15 to 24	25 to 44	45 to 64	65&Up
1	Stress and Adjustment 31.3%	Substance Use 33.6%	Substance Use 57.6%	Substance Use 70.2%	Substance Use 48.6%
2	Mood 31.3%	Mood 21.7%	Schizophrenia & Psychotic 14.3%	Mood 9.4%	Dementia & Organic 35.8%
3	Substance Use 8.2%	Stress and Adjustment 20.3%	Mood 11.7%	Stress and Adjustment 8.6%	Mood 4.1%
4	Anxiety 6.8%	Schizophrenia & Psychotic 12.0%	Stress and Adjustment 11.6%	Schizophrenia & Psychotic 5.1%	Stress and Adjustment 4.1%
5	Personality 0.7%	Personality 4.6%	Anxiety 1.7%	Dementia & Organic 3.4%	Anxiety 3.2%
Other	21.8%	7.8%	3.0%	3.3%	4.1%

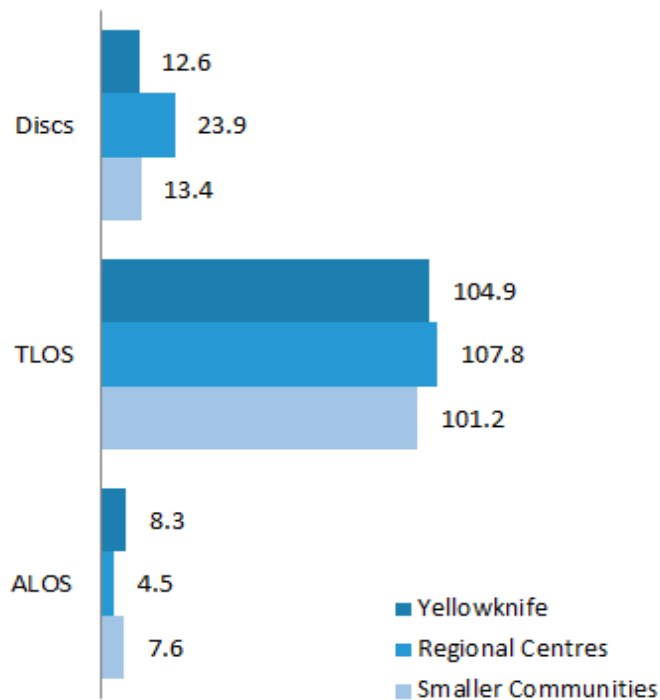
The highest rate of mental health hospitalizations were for youth aged 15 to 24 with 29.1 discharges per 1,000 population.

Substance use related disorders were disproportionately the cause for hospitalizations among adults, especially in the 45 to 64 age category.

The 65 and older age group had, on average, much longer stays than all other age groups.

Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days per 1,000) and ALOS = Average Length of Stay (Days). Rates and proportions are for 2017-18 to 2021-22. Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations by Community Type

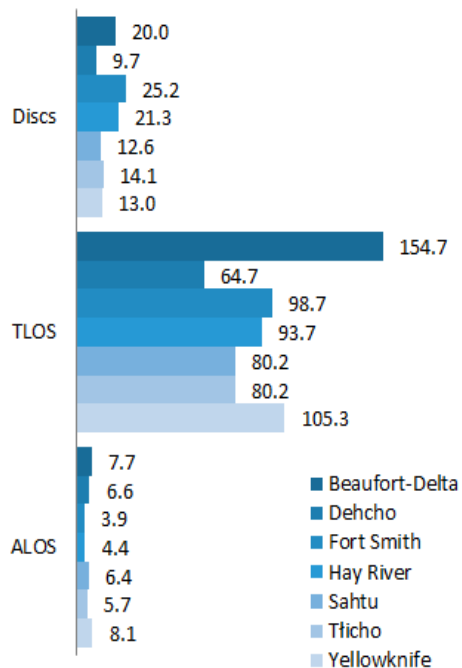


Rank	Yellowknife	Regional Centres	Smaller Communities
1	Substance Use 46.3%	Substance Use 60.9%	Substance Use 48.8%
2	Mood 17.5%	Mood 11.8%	Stress and Adjustment 15.9%
3	Stress and Adjustment 14.1%	Stress and Adjustment 10.9%	Schizophrenia & Psychotic 13.4%
4	Schizophrenia & Psychotic 10.4%	Schizophrenia & Psychotic 7.3%	Mood 11.4%
5	Dementia & Organic 3.0%	Dementia & Organic 2.9%	Dementia & Organic 4.5%
Other	8.7%	6.2%	5.9%

Regional Centres had the highest mental health hospitalization rate with over 60% of the stays being due to substance use, as well as the highest rate of discharges at 23.9 per 1,000 and the lowest average length of stay.

Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days per 1,000) and ALOS = Average Length of Stay (Days). Rates and proportions are for 2017-18 to 2021-22. Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations by Region



Rank	Beaufort-Delta	Dehcho	Fort Smith	Hay River	Sahtu	Tl'cho	Yellowknife
1	Substance Use 49.8%	Substance Use 42.3%	Substance Use 56.3%	Substance Use 69.5%	Substance Use 44.0%	Substance Use 61.0%	Substance Use 47.6%
2	Schizophrenia & Psychotic 14.1%	Stress and Adjustment 18.1%	Mood 15.7%	Stress and Adjustment 8.2%	Stress and Adjustment 26.3%	Stress and Adjustment 15.4%	Mood 16.8%
3	Mood 13.9%	Mood 13.4%	Stress and Adjustment 14.8%	Schizophrenia & Psychotic 7.5%	Mood 17.7%	Schizophrenia & Psychotic 12.8%	Stress and Adjustment 13.6%
4	Stress and Adjustment 10.8%	Schizophrenia & Psychotic 9.4%	Schizophrenia & Psychotic 4.5%	Mood 6.4%	Schizophrenia & Psychotic 4.6%	Mood 4.6%	Schizophrenia & Psychotic 10.7%
5	Dementia & Organic 4.4%	Dementia & Organic 6.7%	Anxiety Disorders 3.3%	Dementia & Organic 3.1%	Personality 2.9%	Dementia & Organic 3.1%	Dementia & Organic 3.1%
Other	7.0%	10.1%	5.4%	5.3%	4.6%	3.1%	8.3%

Fort Smith, followed by the Beaufort-Delta, had the highest mental health hospitalization rates. Substance use was the top reason for mental health hospitalizations for residents in all regions, though are notably higher for residents for Hay River. The Beaufort-Delta had the highest total length of stay by a fair margin (47% more than the second highest), with the next closest being Yellowknife Region.

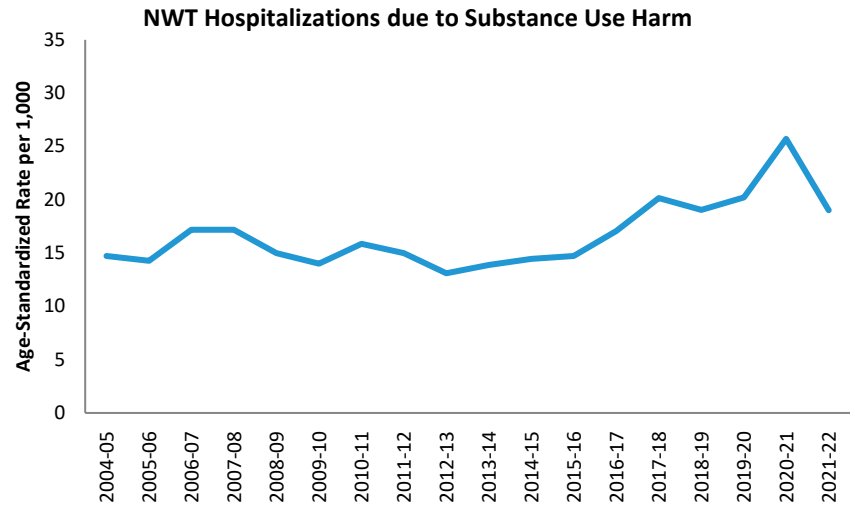
Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days per 1,000) and ALOS = Average Length of Stay (Days). Rates and proportions are for 2017-18 to 2021-22. Includes hospitalizations where the primary diagnosis was a mental health issue. Data Source: Discharge Abstract Database

Hospitalizations due to Substance Use Harm

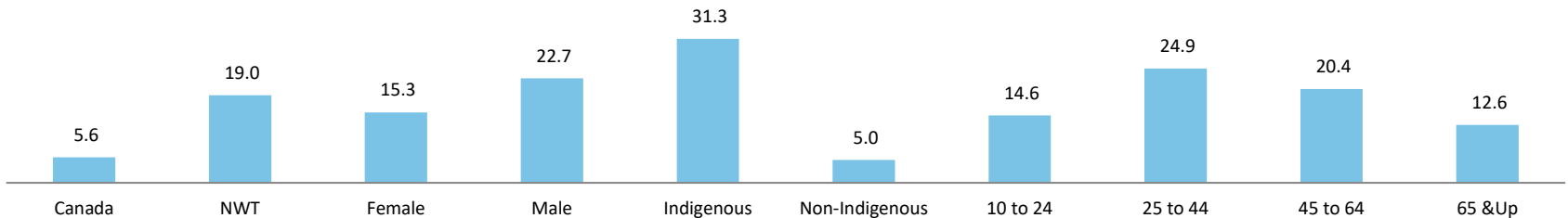
The NWT has a rate over three times higher than the national rate – 19.0 versus 5.6 per 1,000 for hospitalizations due to substance use harm. Historically, the NWT rate has been relatively stable but has increased in recent years.

Over 80% of NWT substance use harm hospitalizations involved alcohol compared to around 50% nationally.

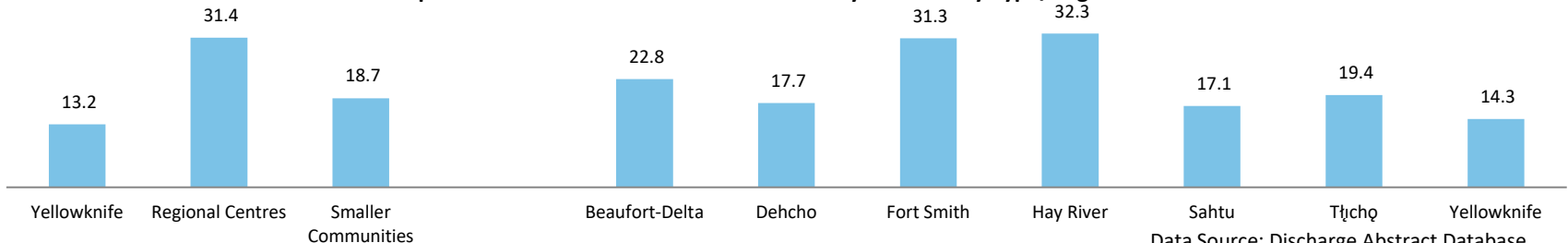
Indigenous had a rate over six times higher than non-Indigenous. Regional Centres were highest by community type and Fort Smith and Hay River had the highest regional rates.



Hospitalizations due to Substance Use Harm NWT vs Canada/Sex/Ethnicity/Age Group



Hospitalizations due to Substance Use Harm by Community Type/Region



Data Source: Discharge Abstract Database

Self Harm and Suicide

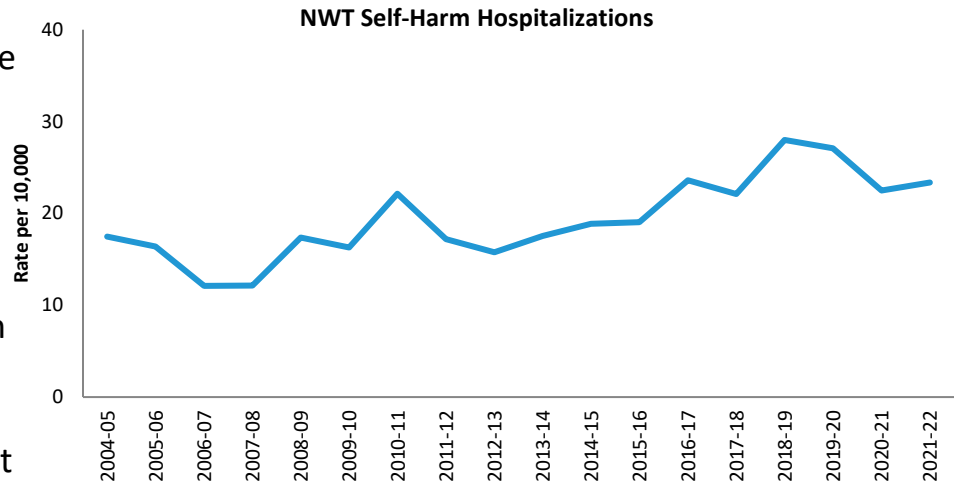
- Self harm and suicide represent two of the most serious outcomes of mental illness.
- Self-inflicted injuries can represent attempts at suicide but can also be non-suicidal. In the latter case, these injuries are coping mechanisms where the person is attempting to deal with emotional issues. Often only the most serious self-injuries result in hospitalization.
- Suicide is a significant issue for northern communities. Northern Canada in general, and the NWT in particular, have high suicide rates compared to the national average.

Self-Harm Hospitalizations

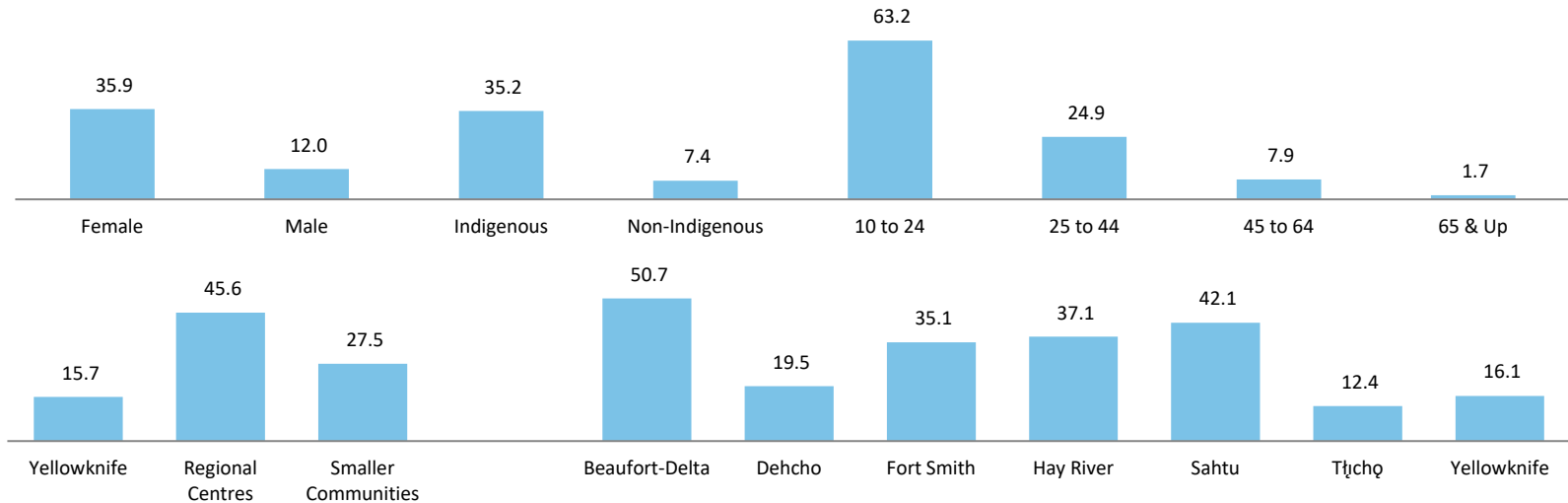
The NWT rate of self-harm hospitalizations is over three times the national average and has increased over the last 18 years from an average of 15 discharges per 10,000 in the latter half of the 2000s to an average of 25 per 10,000 in the last five years.

Within the NWT, the highest rate of hospitalization is found amongst females, youth and Indigenous residents.

In general, the regional centres have the highest rates and, regionally, Beaufort-Delta has the highest rate of self-harm hospitalizations.



Self-Harm Hospitalizations Rate by Sex/Ethnicity/Age Group/Community Type/Region



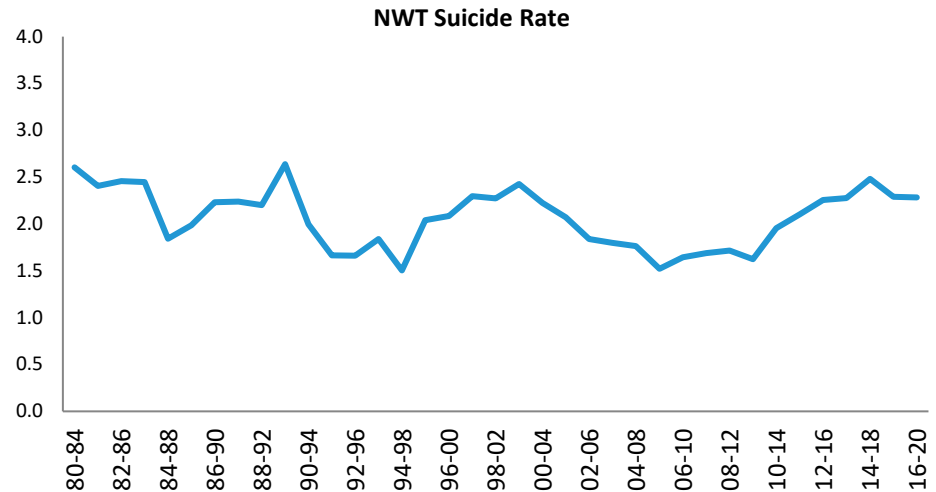
Note: Rates are per 10,000 for fiscal years 2019-20 to 2021-22 unless otherwise stated. Rates are age-standardized for historical trends, sex and ethnicity.

Suicide

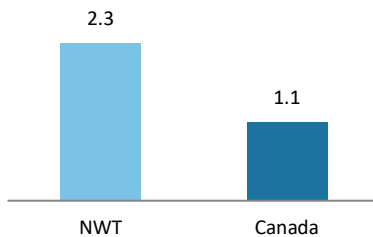
NWT rates have remained steady over the last four decades, fluctuating between 1.5 and 2.6 deaths per 10,000.

Rates are highest amongst males, Indigenous residents and those aged 20 to 39 years old.

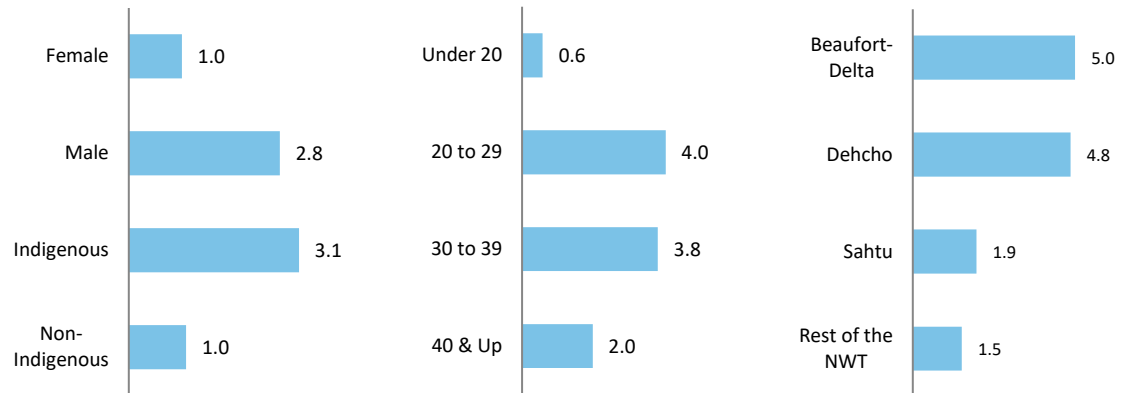
The Beaufort-Delta and the Dehcho regions have the highest rates of suicide.



NWT vs Canada Suicide Rate (2016-2020)



NWT Suicide Rate 2011 to 2020 by Sex/Ethnicity/Age Group/Region



Notes: NWT historical and Canadian rates are age-standardized – deaths per 10,000. Sub-NWT results (2011-2020) are crude rates (deaths per 10,000). The rate for Dehcho (4.8) is high due to one year having 6 instances, accounting for over half of the suicides during the ten-year period.

MORBIDITY



Self-Rated Health, Disability, and Top 5 Hospitalizations

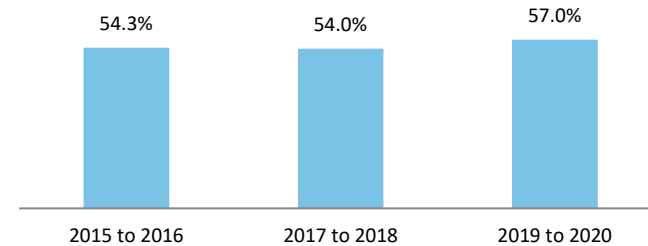
- Self-rated health is considered a good measure of the overall health of a population. Studies have shown that it is a useful predictor of the actual burden of disease in any given population.
- Disability rates are expected to increase with the aging of the population. People with some disabilities may find it more difficult to control their weight and be physically active – both which can lead to other health issues. People with disabilities may have more difficulty accessing health care services.
- Looking at the reasons for hospitalization not only reveals what the major health issues are in a given population, but also shows the nature of some of the biggest resource burdens on the health system.

Population Rating General Health as Excellent or Very Good

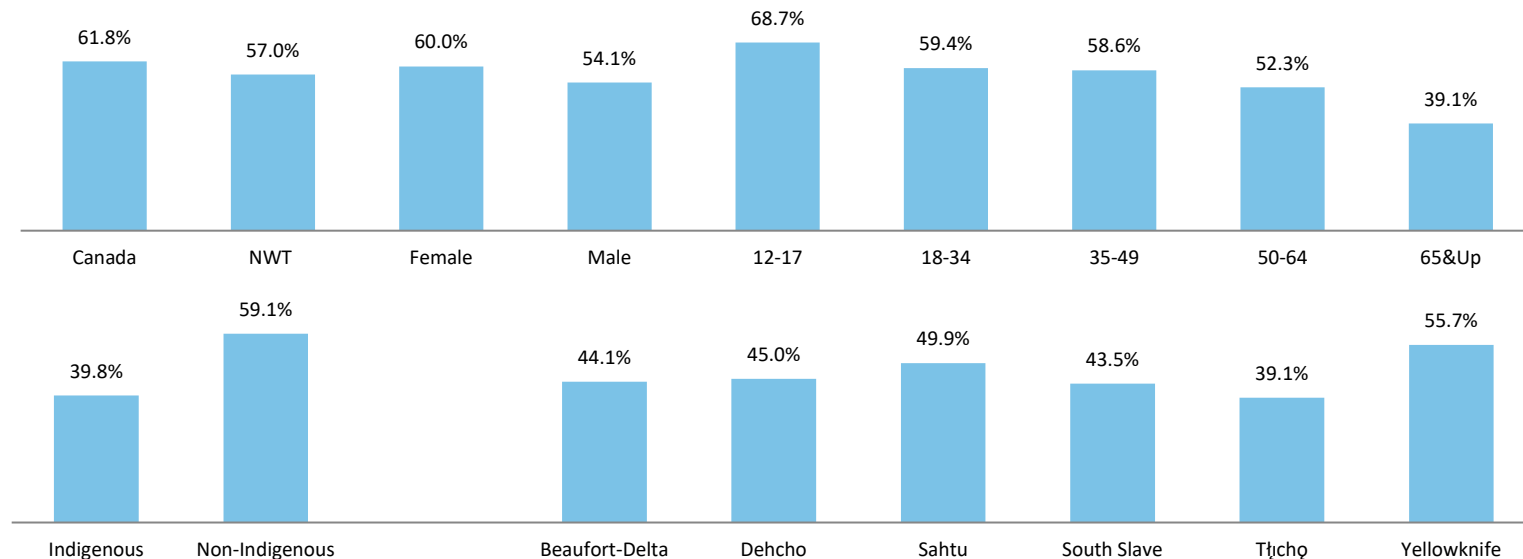
In 2019-2020 the NWT population who rate their general health as being excellent or very good was not statistically different from the national average (57% vs 61.8%).

Indigenous residents were less likely to report their general health as being excellent or very good in comparison to non-Indigenous. Yellowknife has the highest proportion rating their health as excellent or very good compared with the rest of the NWT.

NWT Population Rating General Health as Excellent or Very Good



Population Rating General Health as Excellent or Very Good NWT vs Canada, by Sex/Age Group/Ethnicity/Region



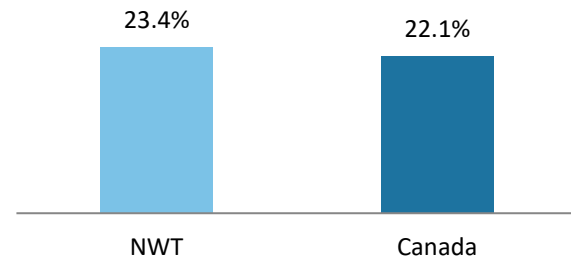
Notes: Canada and NWT results by age are for 2019 to 2020 (Canadian Community Health Survey). NWT results by ethnicity and health region are for 2018 and age 15 and over (2018 NWT Addictions Survey)

Persons with Disabilities

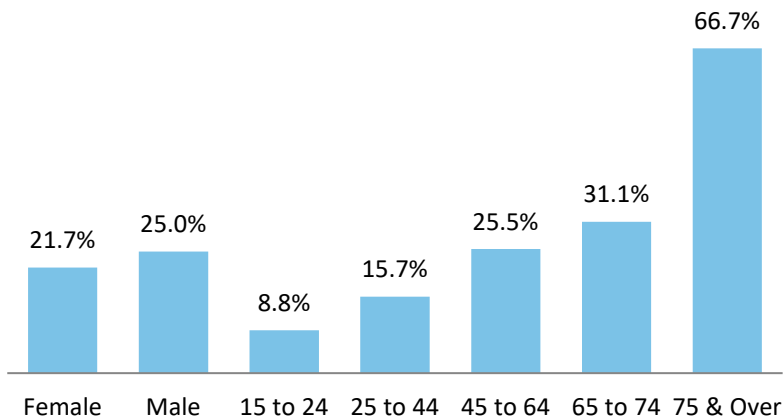
The NWT and Canada have similar rates of disabilities (23.4% versus 22.1%). Disability rates increase with age. About 30% of NWT residents with disabilities have severe or very severe disabilities compared to 43% nationally.

In the NWT, well over half of the residents with disabilities have pain-related issues, followed by almost 40% with flexibility problems and over 36% with mobility issues.

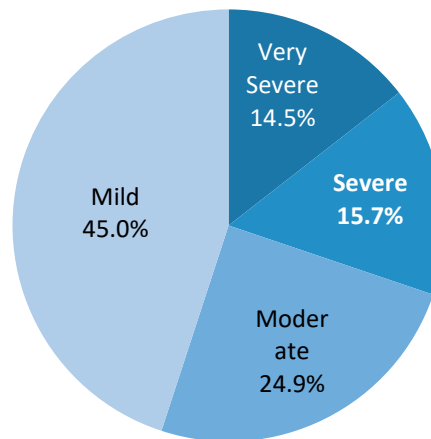
NWT Disability Rate vs Canada (2017)



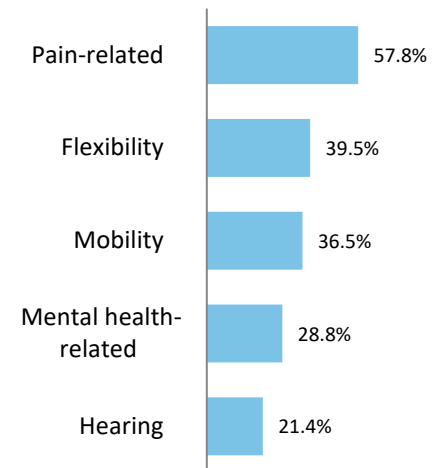
NWT Disability Rate by Sex/Age Group



Disability Severity



Top 5 Disability Types



Note: NWT overall, female and male disabilities rates are age-standardized as is the Canadian rate. Includes people aged 15 and over. Persons can have multiple disability types (e.g. pain, flexibility, and mobility at the same time).

Top Reasons for Hospitalizations (Total Length of Stay)

Rank	Western Canada		2017-18					2018-19					2019-20					2020-21					2021-22				
	Western Canada	NWT																									
1	Mental Health Issues 18.4%	Mental Health Issues 16.7%	Mental Health Issues 14.6%					Mental Health Issues 20.3%					Mental Health Issues 18.0%					Mental Health Issues 17.3%					Injuries & Poisonings 15.5%				
2	Circulatory Diseases 14.6%	Injuries & Poisonings 13.7%	Injuries & Poisonings 13.8%					Injuries & Poisonings 14.0%					Injuries & Poisonings 12.1%					Circulatory Diseases 12.5%					Circulatory Diseases 14.8%				
3	Injuries & Poisonings 12.7%	Circulatory Diseases 12.2%	Respiratory Diseases 11.9%					Respiratory Diseases 11.2%					Circulatory Diseases 10.9%					Injuries & Poisonings 12.5%					Mental Health Issues 13.6%				
4	Respiratory Diseases 10.4%	Digestive System Diseases 10.6%	Circulatory Diseases 11.4%					Circulatory Diseases 10.5%					Respiratory Diseases 10.8%					Digestive System Diseases 11.3%					Digestive System Diseases 11.2%				
5	Digestive System Diseases 9.3%	Respiratory Diseases 10.3%	Digestive System Diseases 11.1%					Digestive System Diseases 9.1%					Digestive System Diseases 10.3%					Cancers 8.8%					Respiratory Diseases 9.6%				
Other	34.6%	36.6%	37.2%					34.9%					38.0%					37.6%					35.2%				

The NWT’s top five reasons for hospitalization were the same as Western Canada’s. Mental health issues took up a greater proportion of bed days in Western Canada than the NWT.

Over the presented five-year period the top five issues for the NWT were almost always consistent but did shift around in their rankings.

Notes: Numbers excluded newborns, stillborns, hospitalizations for childbirth and pregnancy, and where the reason for hospitalization was unknown or unclear. Rankings are based on the primary reason for hospitalization (age standardized total length of stay). Time period is for 2017-18 to 2021-22 unless stated otherwise. Western Canada – British Columbia, Alberta, Saskatchewan, Manitoba, Nunavut, NWT and Yukon.

Top Reasons for Hospitalizations (Total Length of Stay)

Rank	Female	Male	Indigenous	Non-Indigenous	Yellowknife	Regional Centres	Smaller Communities
1	Mental Health Issues 15.4%	Mental Health Issues 17.7%	Mental Health Issues 18.6%	Circulatory Diseases 17.4%	Mental Health Issues 18.7%	Mental Health Issues 15.8%	Injuries & Poisonings 16.8%
2	Injuries & Poisonings 13.7%	Injuries & Poisonings 13.7%	Injuries & Poisonings 15.9%	Mental Health Issues 12.9%	Circulatory Diseases 13.3%	Injuries & Poisonings 14.2%	Mental Health Issues 15.5%
3	Digestive System Diseases 12.1%	Circulatory Diseases 13.2%	Respiratory Diseases 11.8%	Injuries & Poisonings 10.2%	Injuries & Poisonings 11.1%	Digestive System Diseases 12.7%	Respiratory Diseases 12.2%
4	Circulatory Diseases 10.9%	Respiratory Diseases 11.0%	Digestive System Diseases 11.3%	Cancers 10.1%	Digestive System Diseases 9.4%	Circulatory Diseases 11.4%	Circulatory Diseases 11.1%
5	Respiratory Diseases 9.4%	Digestive System Diseases 9.4%	Circulatory Diseases 9.3%	Digestive System Diseases 9.9%	Respiratory Diseases 8.9%	Respiratory Diseases 10.1%	Digestive System Diseases 10.4%
Other	38.5%	35.0%	33.2%	39.6%	38.6%	35.8%	34.0%

The top conditions were similar for males and females with the exception of their rankings.

Indigenous residents had a higher proportion of bed days for mental health issues, injuries and respiratory diseases whereas Non-Indigenous had the highest proportion for circulatory diseases and cancers.

The top five conditions, outside of their rankings, were the same across community types.

Top Reasons for Hospitalizations (Total Length of Stay)

Rank	Beaufort-Delta	Dehcho	Fort Smith	Hay River	Sahtu	Tl'icho	Yellowknife
1	Mental Health Issues 20.3%	Injuries & Poisonings 21.8%	Mental Health Issues 16.5%	Digestive System Diseases 15.2%	Mental Health Issues 16.2%	Injuries & Poisonings 18.2%	Mental Health Issues 18.4%
2	Injuries & Poisonings 15.4%	Mental Health Issues 12.2%	Injuries & Poisonings 13.2%	Injuries & Poisonings 13.9%	Injuries & Poisonings 14.8%	Respiratory Diseases 16.2%	Circulatory Diseases 13.6%
3	Circulatory Diseases 12.9%	Circulatory Diseases 11.9%	Cancers 11.3%	Mental Health Issues 13.4%	Respiratory Diseases 14.7%	Mental Health Issues 11.2%	Injuries & Poisonings 11.0%
4	Digestive System Diseases 9.9%	Digestive System Diseases 11.8%	Respiratory Diseases 11.3%	Circulatory Diseases 10.2%	Digestive System Diseases 10.7%	Digestive System Diseases 9.9%	Digestive System Diseases 9.4%
5	Respiratory Diseases 9.5%	Respiratory Diseases 10.6%	Digestive System Diseases 10.9%	Respiratory Diseases 9.8%	Circulatory Diseases 9.3%	Cancers 9.5%	Respiratory Diseases 9.0%
Other	31.9%	31.8%	36.8%	37.4%	34.3%	34.9%	38.6%

The top five conditions by proportion of bed days were similar across all regions. Mental health issues were ranked as the most common reason, with injuries & poisonings being a close second.

Notes: Numbers exclude newborns, stillborns, hospitalizations for childbirth and pregnancy, and where the reason for the hospitalization was unknown or unclear. Rankings are based on the primary reason for hospitalization (age standardized total length of stay). Time period is for 2017-18 to 2021-22 unless stated otherwise.

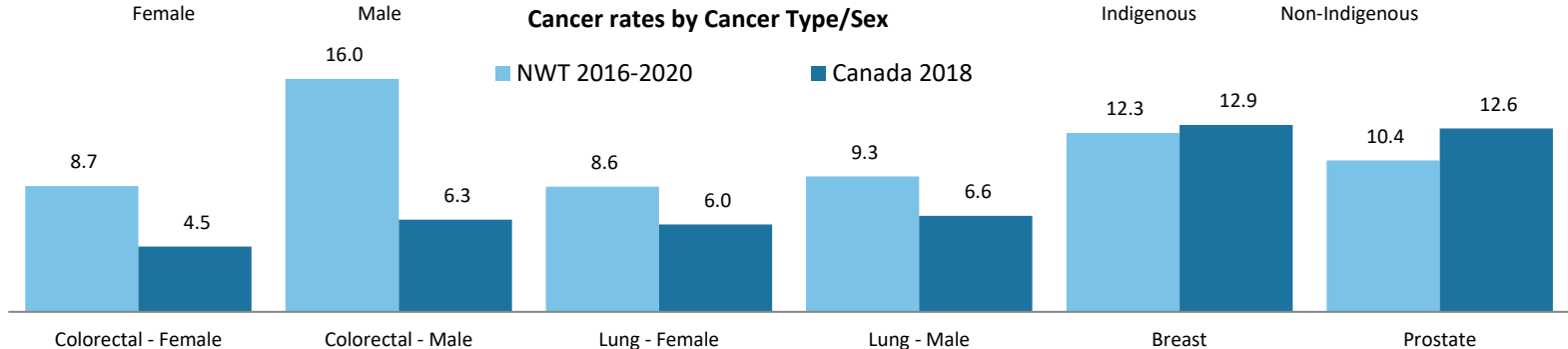
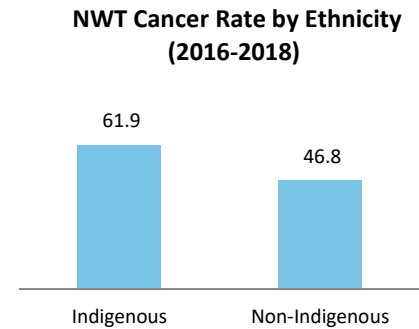
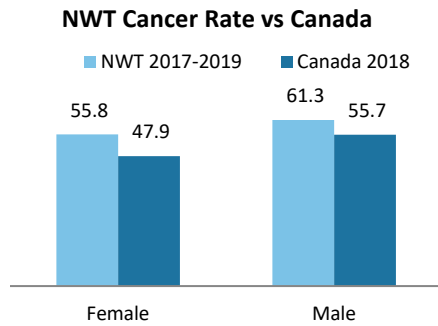
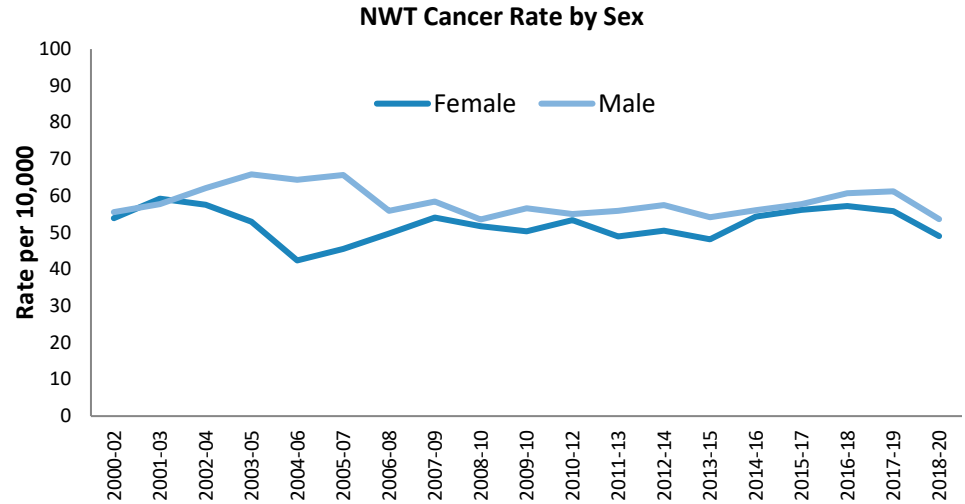
Chronic and Infectious Diseases

- Chronic diseases commonly have a long duration and progress slowly. They have an impact on quality of life and require ongoing medical care. Many chronic diseases are preventable.
- Chronic diseases are a leading contributor to disability and premature death and are a major resource burden on the health system (hospitalizations, home care, long-term care, and pharmaceuticals).
- The NWT does not have up-to-date data available on the incidence of chronic obstructive pulmonary disease, diabetes, hypertension, heart attacks and strokes.
- Infectious diseases such as sexually transmitted infections can cause infertility, ectopic pregnancies, premature births and damage to unborn children.
- Tuberculosis is a serious, potentially life threatening, infectious disease if not effectively treated.

Cancer

Overall cancer rates in the NWT have remained relatively constant for men and women over the past 20 years. Compared to national averages, NWT cancer rates are higher.

In the NWT, overall rates of cancer are higher for Indigenous residents compared to non-Indigenous residents. Of the cancer types colorectal cancer has the highest comparative rates, especially for males, with over twice the Canadian rate (16.0 vs 6.3).



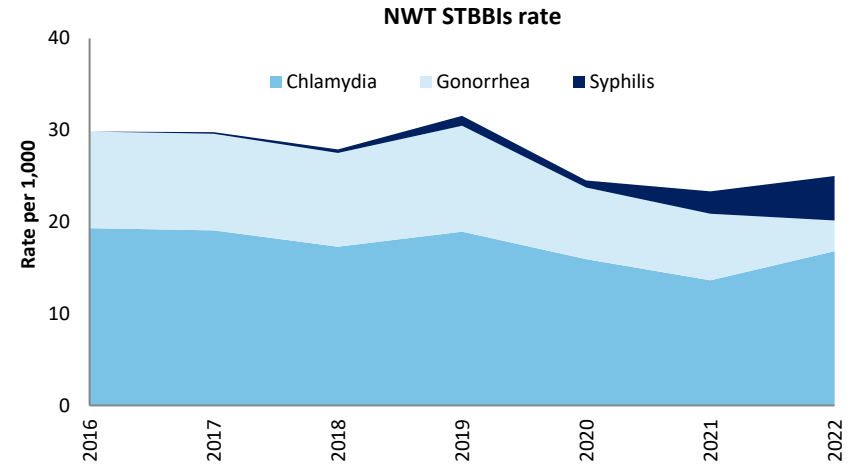
Note: Rates are age-standardized, per 10,000

Sexually Transmitted and Blood-Borne Infections (STBBIs)

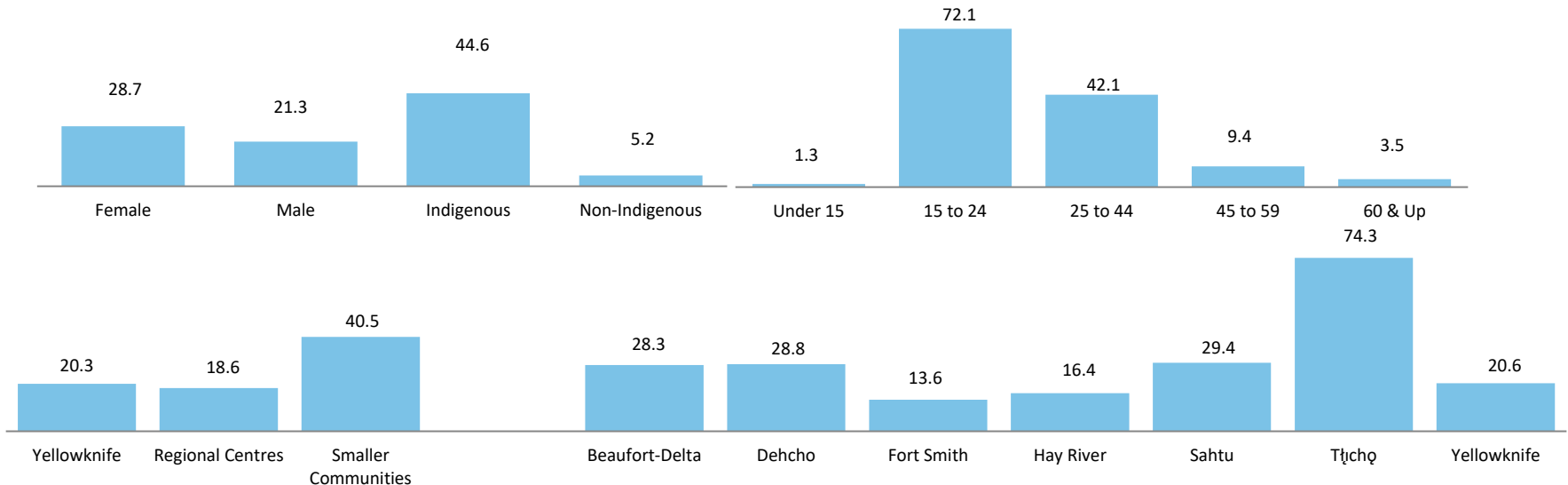
In the NWT rates for chlamydia, gonorrhoea, and infectious syphilis are consistently and significantly higher than national averages.

In 2019 the NWT declared a syphilis outbreak. Since then, rates have increased by almost 400%. This includes seven cases of congenital syphilis.

Rates for STBBIs are much higher for Indigenous versus non-Indigenous residents and are highest amongst youth 15 to 24 years of age. Smaller communities have the highest rates, particular those within the Tłı̨chǫ Region.



STBBIs Rate NWT vs Canada, by Ethnicity/Age/Community Type/Region



Note: Rates are per 1,000 and for 2022 unless otherwise stated.

Data Source: Department of Health and Social Services

Active Tuberculosis

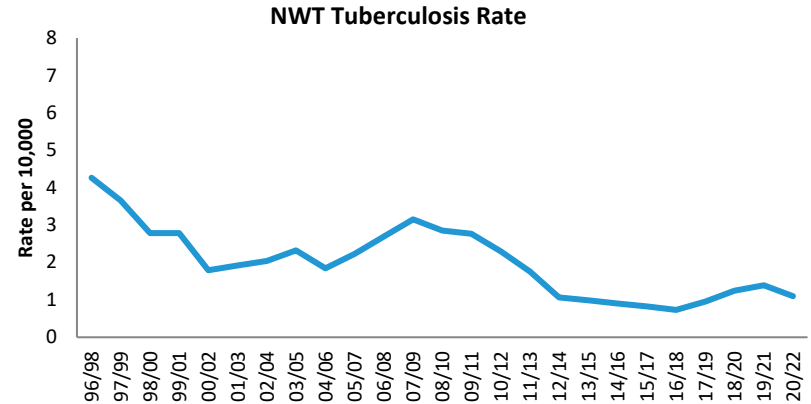
The NWT has a much higher rate than the national average (1.1 per 10,000 in 2021 vs 0.48 per 10,000).

Tuberculosis rates have decreased since the outbreaks that occurred in the 1990s, from a 3-year average high of 7.9 cases per 10,000 in 1994-96 to a low of 0.7 in 2016-18 .

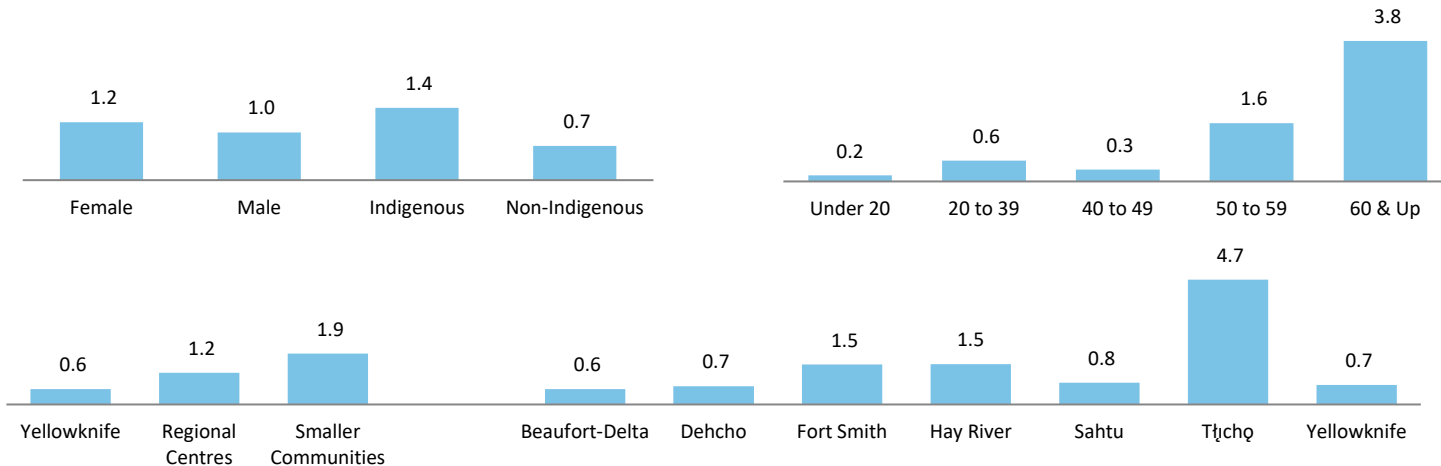
The incidence in Indigenous residents was twice as high as that of non-Indigenous.

The difference between men and women was not significant. Rates are highest amongst the smaller communities compared to the rest of the NWT.

Regionally, Hay River and the Beaufort-Delta had the lowest rates.



NWT Tuberculosis Rates by Sex/Ethnicity/Age/Community Type/Region (2018-2022)



Note: Rates are per 10,000. Rates are five-year averages for 2018-2022 unless otherwise stated. Data Source: Department of Health and Social Services, Northwest Territories Tuberculosis Registry

MORTALITY



Life Expectancy

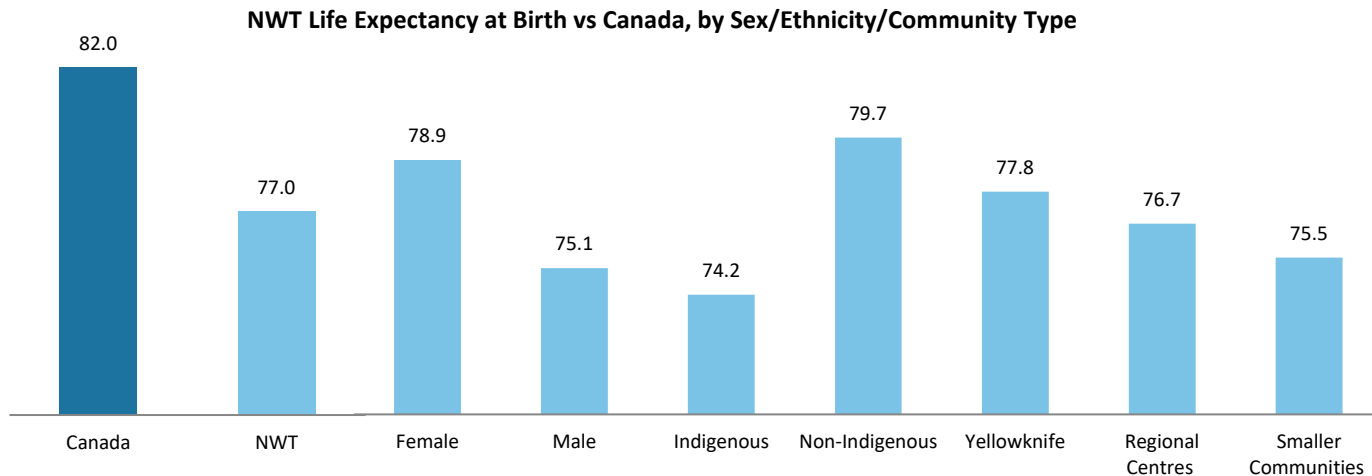
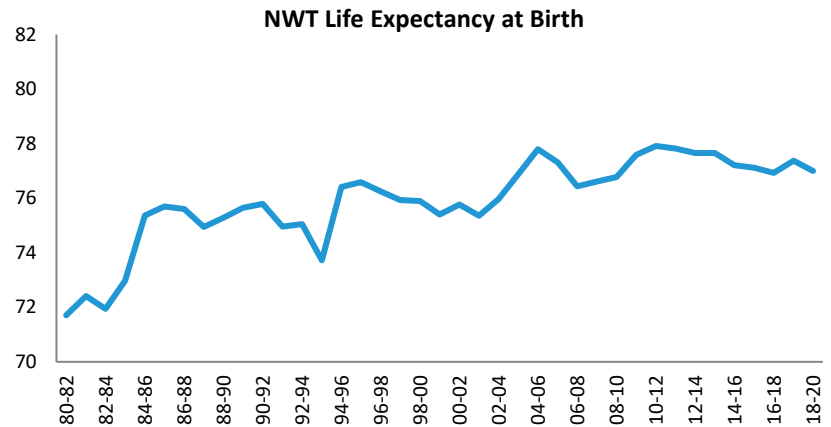
- Life expectancy is a key indicator of the overall health status of any population.
- Life expectancy is influenced by a number of factors including premature death due to preventable and treatable health conditions along with social and economic deprivation.
- With small populations, such as the NWT, changes in life expectancy occur over decades.

Life Expectancy at Birth

NWT Life expectancy at birth has been increasing but still remains almost five years lower than the national average of 82 years.

As is the case nationally, women have a longer life expectancy than men in the NWT.

Life expectancy for Indigenous residents is lower than for non-Indigenous residents.



Notes: Life expectancies are for 2018-20 unless otherwise stated.

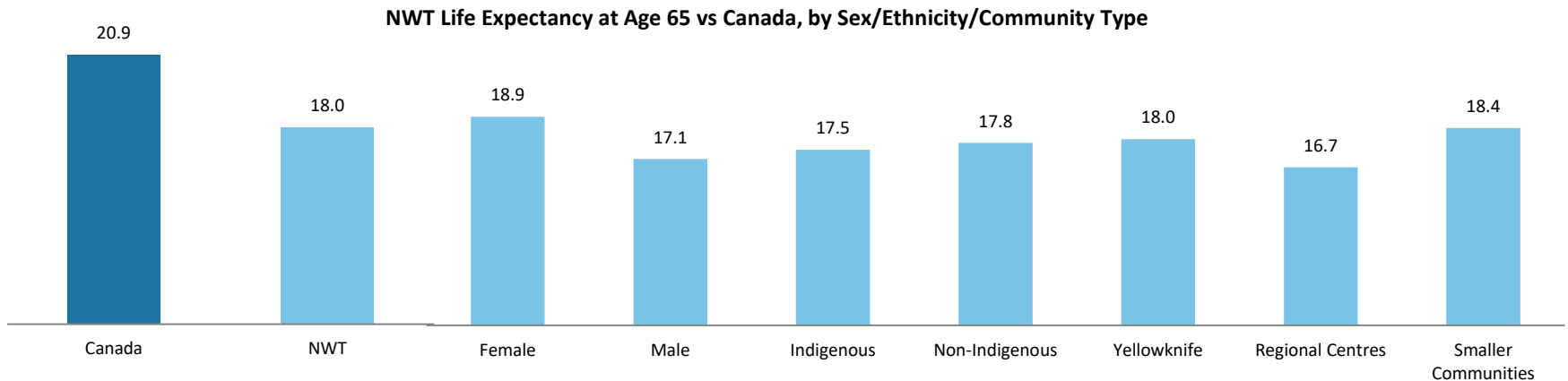
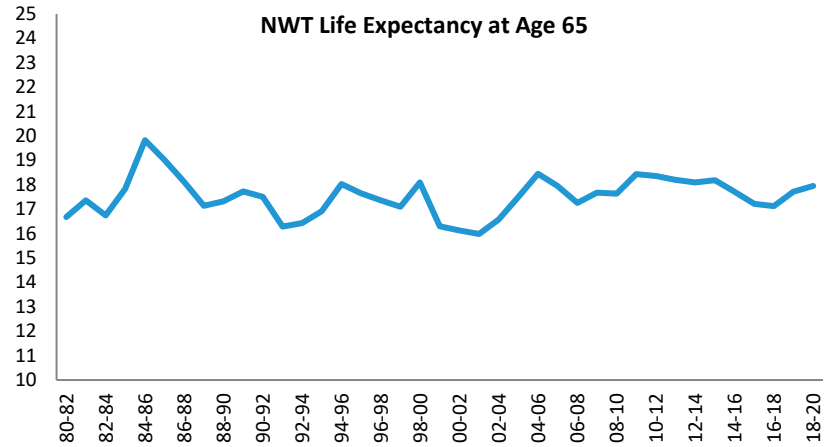
Source: NWT Bureau of Statistics

Life Expectancy at Age 65

The NWT life expectancy at age 65 has changed little over the last four decades and is lower than the national average of 20.9 years.

As is the case nationally, women have longer life expectancies at age 65 than men in the NWT.

There is no statistically significant difference between the life expectancies of Indigenous and non-Indigenous seniors.



Notes: Life expectancies are for 2018-20 unless otherwise stated.

Source: NWT Bureau of Statistics

Avoidable Mortality

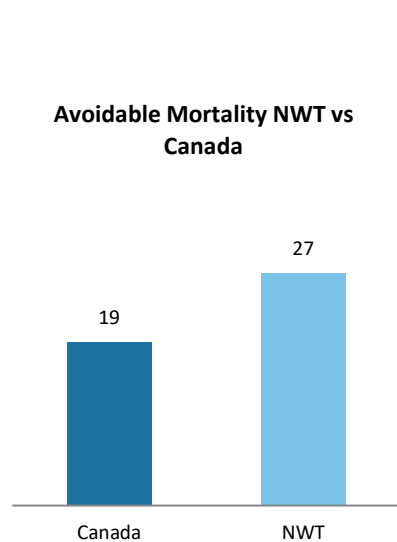
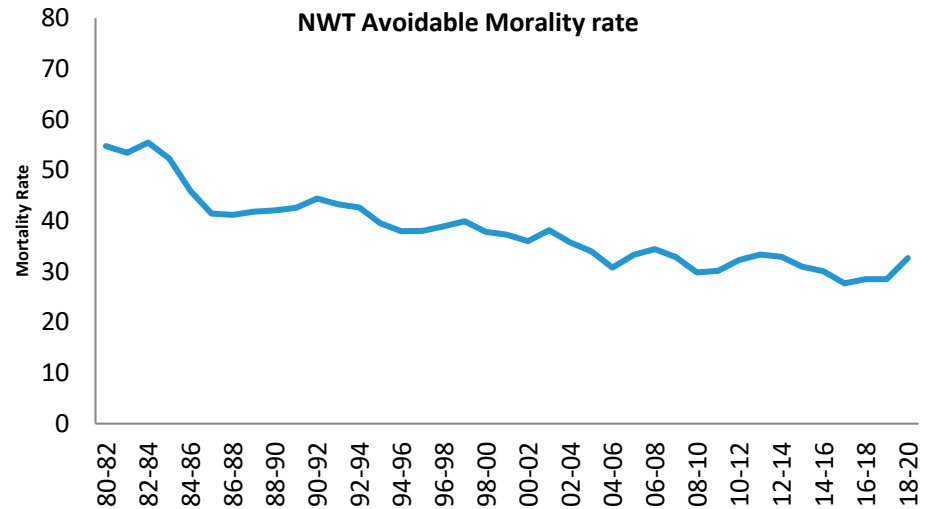
- Potentially avoidable mortality includes deaths before the age of 75 years that were attributed to causes that are thought to be generally preventable and/or treatable.
- A reduction in avoidable mortality is key to an improvement in life expectancy.
- As with life expectancy, a meaningful change in the rate of avoidable mortality takes decades to occur – especially in a small population such as the NWT.
- Preventable deaths, such as injuries, some cancers and some cardiovascular diseases, are related to other factors, including addictions, chronic substance use, unhealthy weights, inactivity and poor diets.
- Treatable deaths, such as those due to some cardiovascular and cancers, could possibly be avoided if access to services, such as screening, are acquired in a timely manner.

Avoidable Mortality

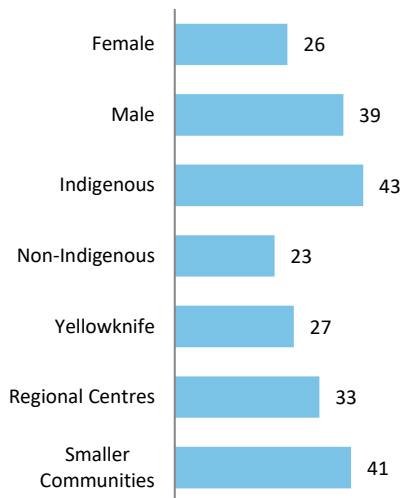
NWT potentially avoidable mortality rates (AMR) are decreasing but are still much higher than national rates.

The AMR for NWT men is higher than it is for NWT women. The Indigenous population in the NWT have a higher AMR than the non-Indigenous population.

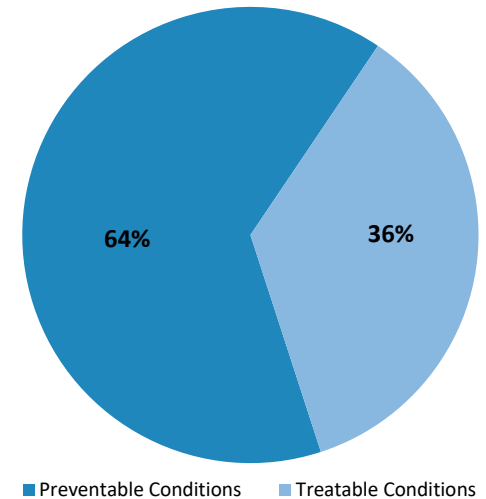
Differences between community types are not statistically significant.



Avoidable Mortality by Sex/Ethnicity/Community Type



Avoidable Mortality Type



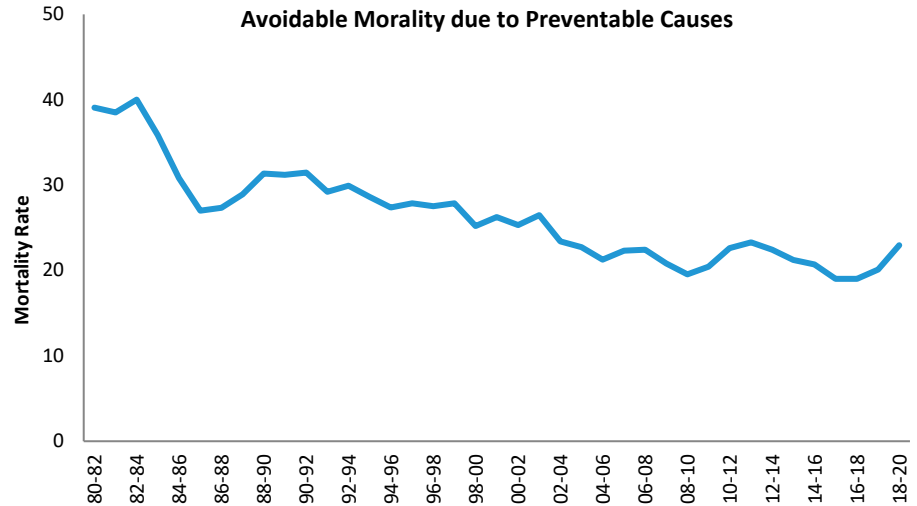
Note: All figures are for 2018-2020 and are age-standardized rates (deaths per 10,000), unless otherwise stated. NWT trend and sub-NWT rates are calculated from internal DHSS data where the actual cause of death for some deaths, originally recorded as unknown in

Avoidable Mortality due to Preventable Causes

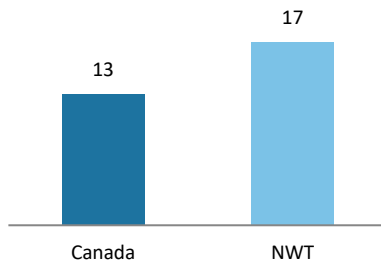
Almost two-thirds of potentially avoidable deaths in the NWT are due to preventable causes. The NWT has a higher rate than the national average.

Males and Indigenous residents have a higher rate of avoidable death due to preventable causes.

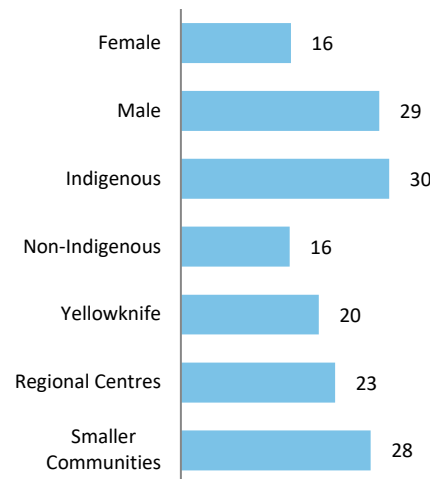
Injuries, cancers and circulatory diseases make up over 75% of preventable causes.



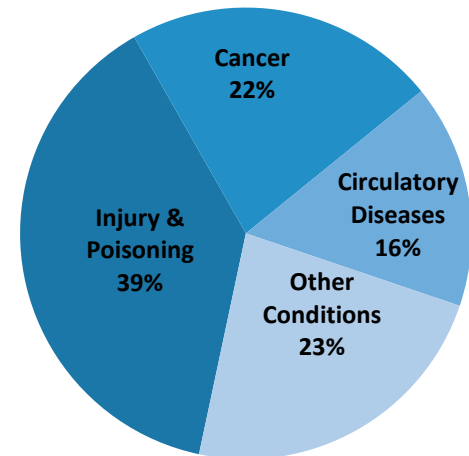
Avoidable Mortality due to Preventable Causes NWT vs Canada



Avoidable Mortality due to Preventable Causes by Sex/Ethnicity/Community Type



Top Preventable Causes

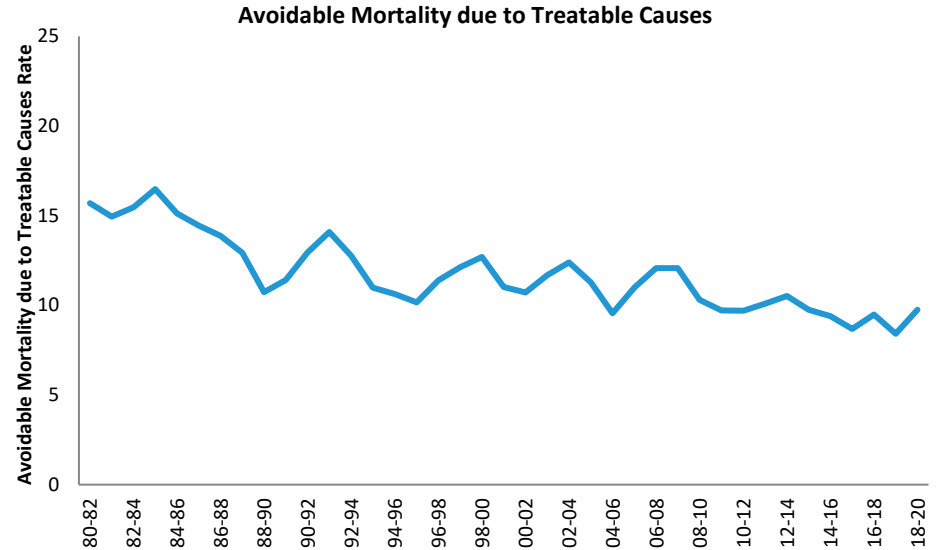


Note: All figures are for 2018-2020 and are age-standardized rates (deaths per 10,000), unless otherwise stated. NWT trend and sub-NWT rates are calculated from internal DHSS data where the actual cause of death for some deaths, originally recorded as unknown in national data files, has been determined.

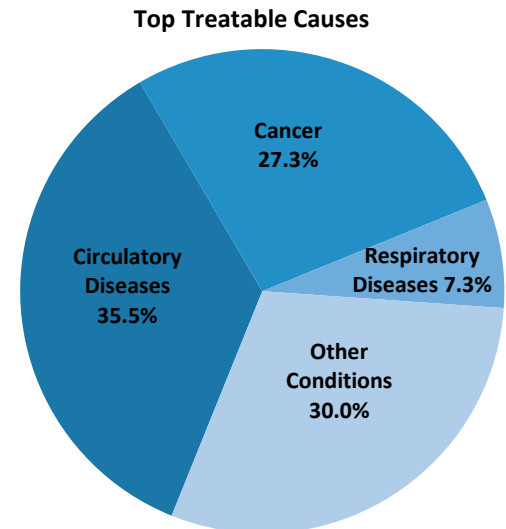
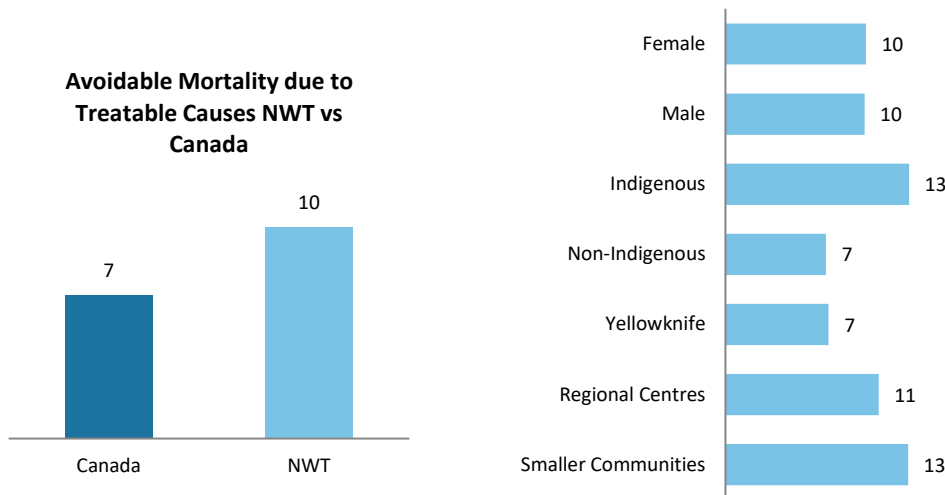
Avoidable Mortality due to Treatable Causes

Over one-third of potentially avoidable deaths in the NWT are due to treatable causes. The NWT has a higher rate than the national average.

Within the NWT, there were no statistically significant differences in the rates of avoidable death due to treatable cause between males and females, between Indigenous and non-Indigenous residents or amongst the different community types.



Avoidable Mortality due to Treatable Causes by Sex/Ethnicity/Community Type



Note: All figures are for 2018-2020 and are age-standardized rates (deaths per 10,000), unless otherwise stated. NWT trend and sub-NWT rates are calculated from internal DHSS data where the actual cause of death for some deaths, originally recorded as unknown in national data files, has been determined.

CHILD HEALTH AND WELL-BEING



Infant Health

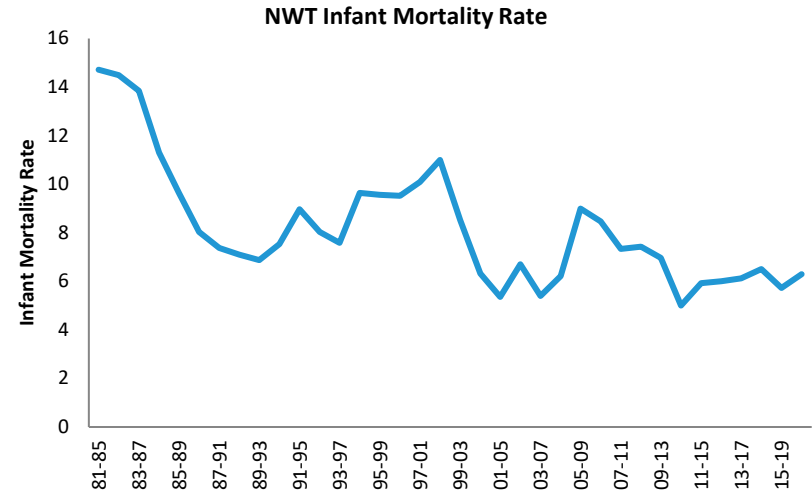
- Infant mortality is a basic public health indicator that reflects the overall health of a population, health of mothers, as well as the effectiveness of health systems. Premature births and congenital defects are two leading drivers of infant mortality.
- There are number of risk factors for premature delivery including, history of premature births, pregnancy with twins or greater, smoking, drug use, stress, injury and chronic conditions.
- Besides death, premature delivery can result in short-term complications, such as breathing issues, low blood pressure and bleeding in the brain as well as long-term complications, including cerebral palsy, learning challenges, vision and hearing issues, behavioural issues and chronic health problems.
- Premature babies are often underweight. Being born underweight (less than 2500 grams) increases the risk for number of negative outcomes later in life, including development delays, learning disabilities and behavioural problems.

Infant Mortality

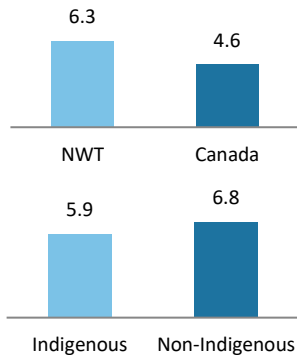
NWT infant mortality has dropped over the last several decades and is not significantly different than national rates.

In the NWT, the number of infant deaths averaged less than four per year over the last ten years. Some regions went several years without an infant death.

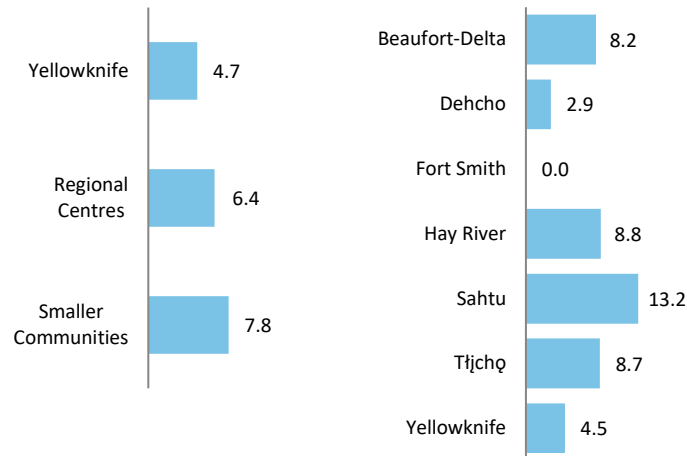
Over half of infant deaths were due to issues arising in the first seven days (perinatal period), such as complications of pregnancy/delivery and problems due to immaturity.



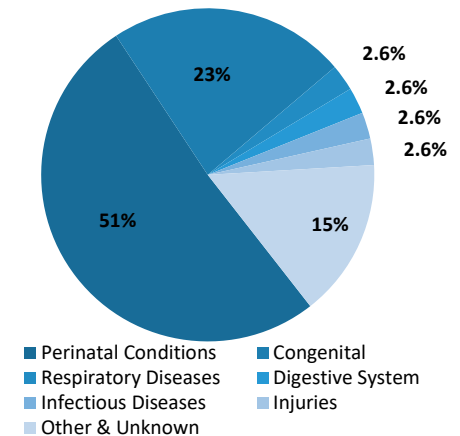
Infant Mortality NWT vs Canada, Indigenous vs Non-Indigenous (2016 to 2020)



Infant Mortality by Community Type/Region (2011 to 2020)



NWT Infant Mortality Cause 2011 to 2020

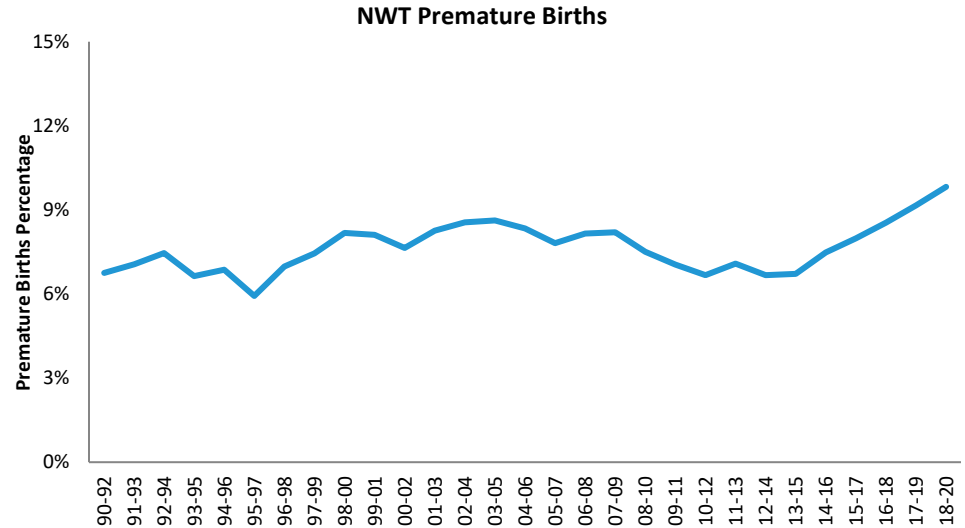


Note: Infant mortality rates = number of infant deaths (under 1 year) per 1,000 births.

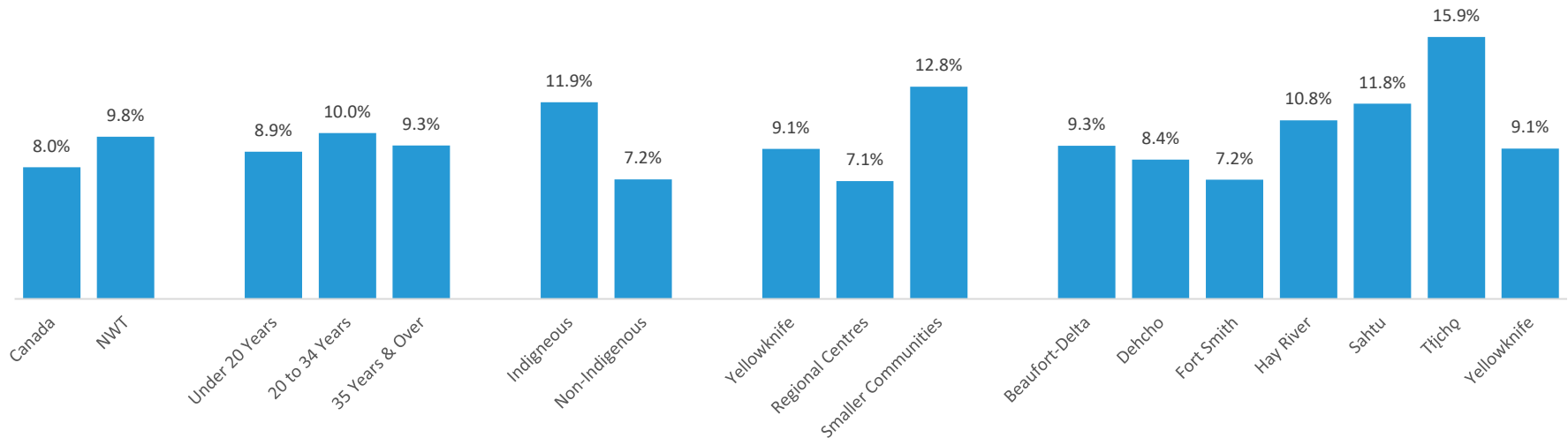
Premature Births

After remaining steady for over two decades, NWT premature birth rates have increased in the last half of the 2010s. There is no significant difference in the rate of premature births between the NWT and Canada.

Rates are highest among babies born to Indigenous mothers, residents of smaller communities, and the Tłjchq region.



NWT Premature Births vs Canada, by Age/Ethnicity/Community Type/Region



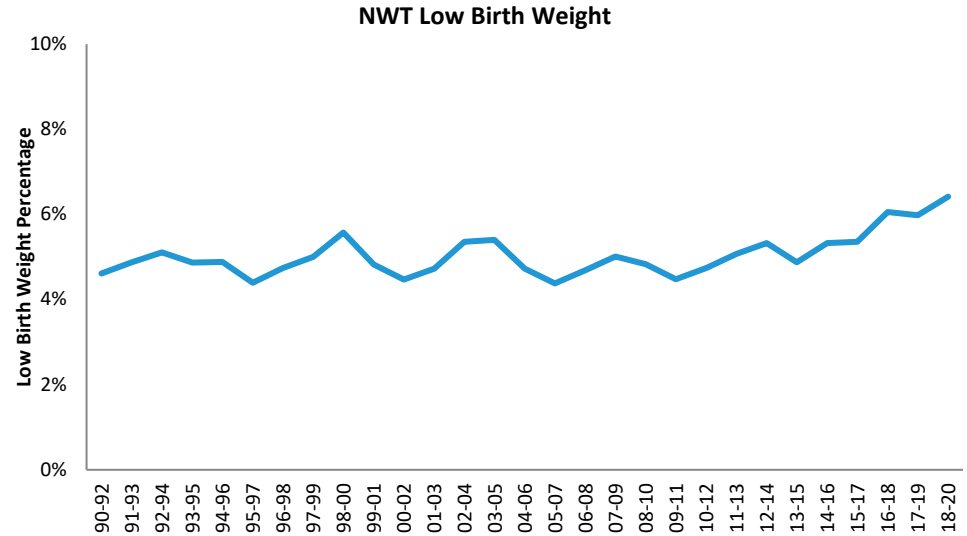
Note: Proportion of births with a gestation period under 37 weeks. Figures are for 2018-2020 unless otherwise stated.

Source: NWT Bureau of Statistics

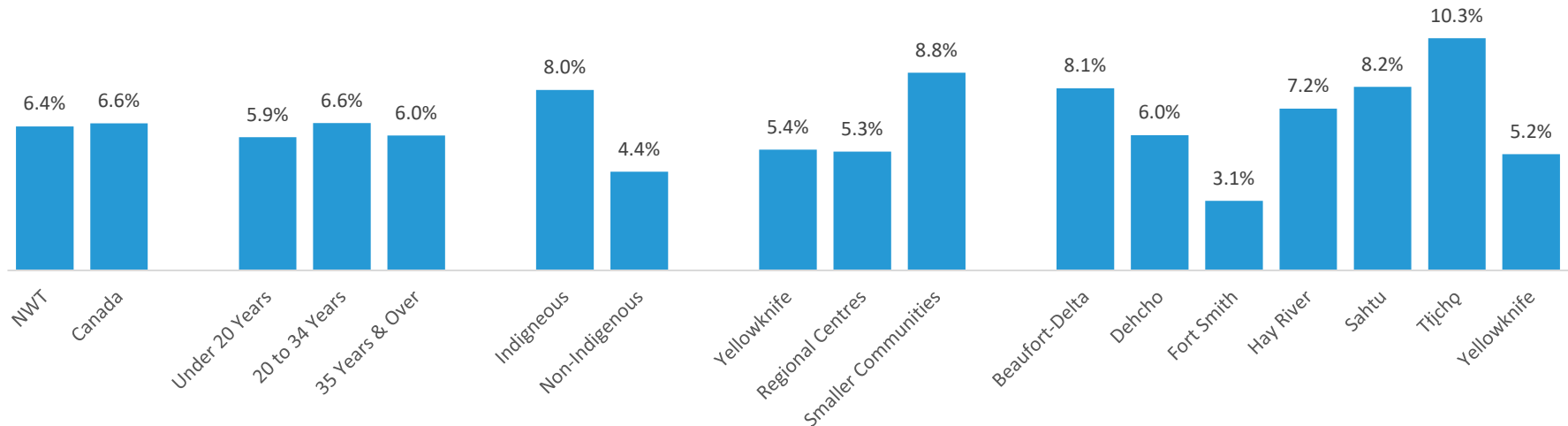
Low Birth Weight

After remaining steady for over three decades, NWT rates of low weight births have increased in the latter half of the 2010s. The NWT rate of low weight births is not significantly different from the national average.

Rates are highest amongst babies born to Indigenous mothers, residents of smaller communities, and the Tłı̨chǫ region.



NWT Premature Births vs Canada, by Age/Ethnicity/Community Type/Region



Note: Proportion of births under 2500 grams. Figures are for 2018-2020 unless otherwise stated.

Source: NWT Bureau of Statistics

Teen Births and Lone Parent Families

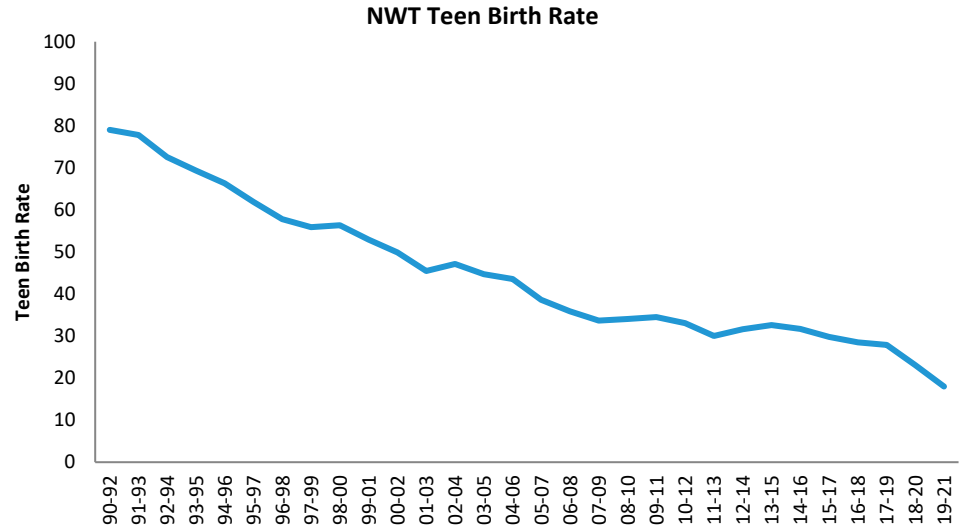
- Teen births expose both mother and child to a range of risks including physical complications arising from a higher risk of prematurity/low birth weight. While individual circumstances of the teen mother varies in terms of the degree to which extended family support systems and other resources exist, teen mothers and their children are at a higher risk of many social issues, including, living in poverty and encounters with the child welfare system.
- Compared to couple families, lone or single parent families are generally more likely to have fewer resources and face greater stress in child rearing. Children raised in lone parent families are more likely to be affected by poverty and face difficulties later in life.

Teen Births

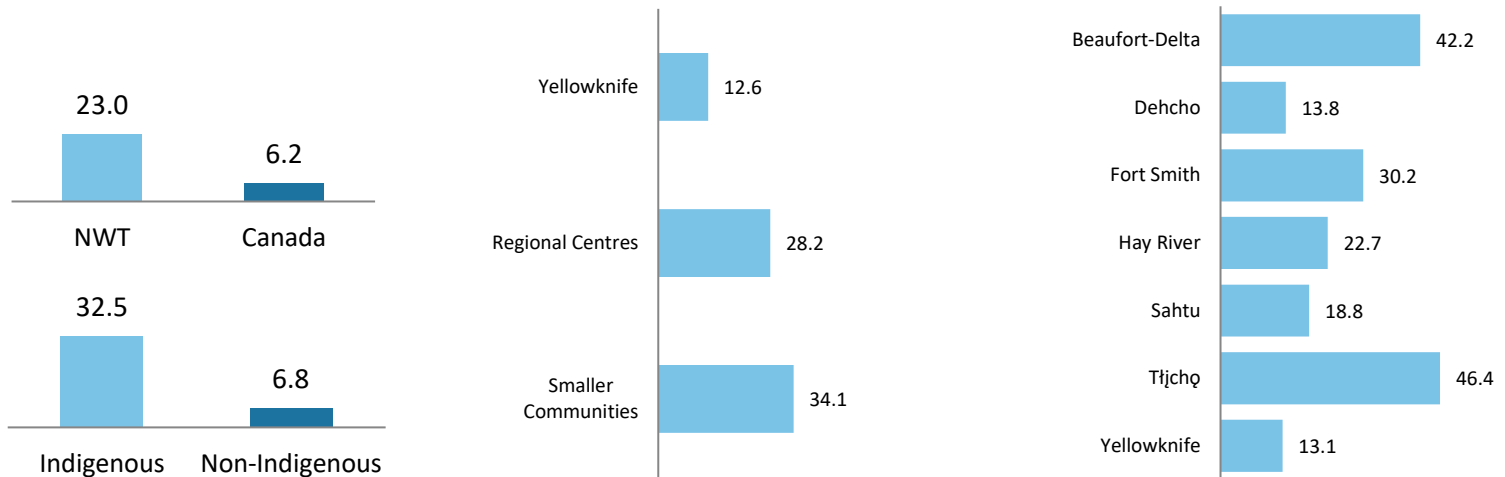
For almost three decades, the teen birth rate in the NWT has been in decline, however it remains nearly four times higher than the national rate.

The birth rate for Indigenous teens is over four times that of non-Indigenous teens.

Overall, the communities outside of Yellowknife have a higher teen birth rate.



NWT Teen Births vs Canada, by Ethnicity/Community Type/Region



Note: Births to females under age 20 years (Births per 1,000 population age 15 to 19). Rates are for 2018-2020 unless otherwise stated.

Source: NWT Bureau of Statistics

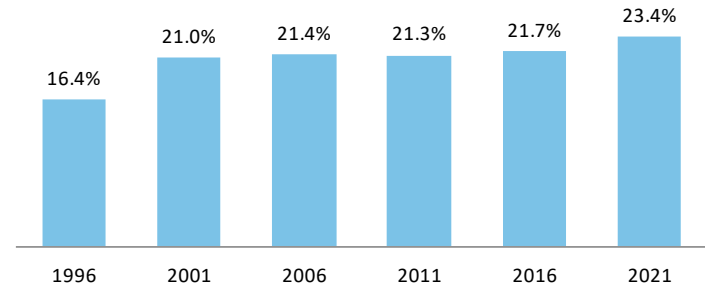
Lone Parent Families

The proportion of NWT families headed by a lone parent increased slightly during the last census period after remaining constant over the preceding fifteen years.

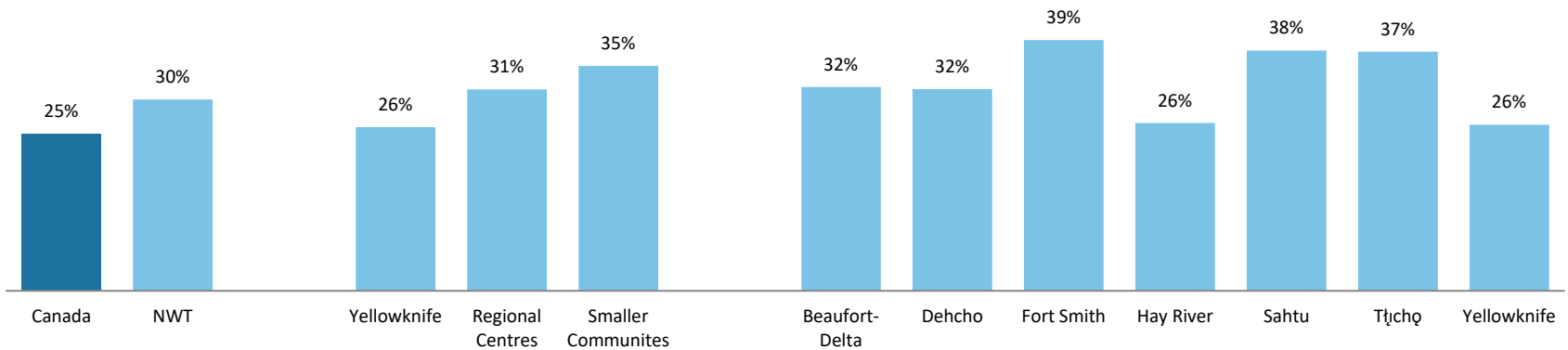
The NWT has a higher proportion of children living in families headed by a lone parent compared to the Canadian average (30% vs 25%)

Regional centres and smaller communities have a higher proportion of lone parent families.

NWT Percentage of Families headed by a lone parent



NWT Lone Parent Families vs Canada, Community Type/Region



Child and Family Services, Mental Health and Development

- The Child and Family Services system is responsible for delivering services to ensure the best interests of children, youth, and families; maintain family unity; and promote the strength of communities. Services provided include prevention supports, family preservation, and protection, which are available and provided to each of the 33 communities in the NWT.
- The status of a child's development in kindergarten is considered a good predictor of their readiness for school. The Department of Education Culture and Employment's Early Development Instrument* measures a child's ability to meet age-appropriate development expectations.
- Mental disorders often have their origins early in life. The proportion of the population having been hospitalized shows only the most serious cases as most mental health services are provided outside of hospitals.

Children and Youth Receiving Child and Family Services

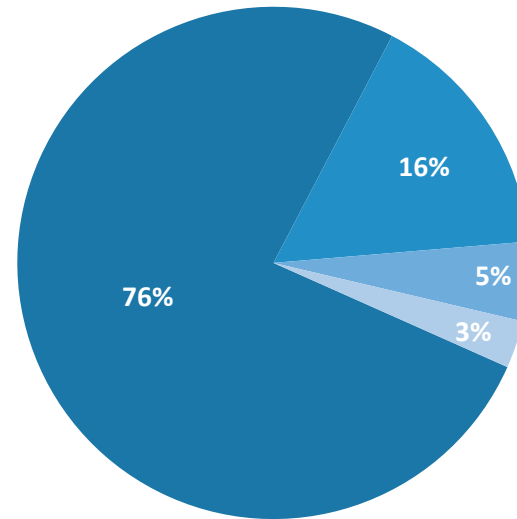
In 2022-23, 97% of children and youth (under the age of 19) receiving services identified as Indigenous (either First Nations, Inuit or Métis), despite only representing 57% of the overall child/youth population.

It is important to acknowledge the ongoing effects of colonial systems and systemic racism that maintain inequities for Indigenous families.

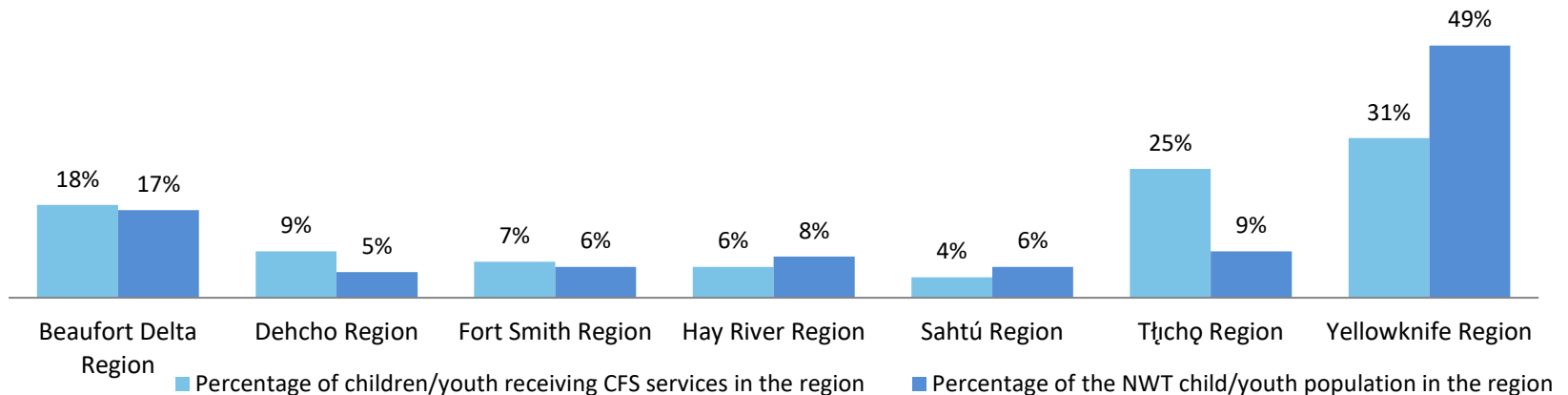
Understanding the level of required services in each region can help to develop and enhance community-based programs that support children, youth and families.

NWT Children and Youth Receiving Services 2022-23

■ First Nations ■ Inuit ■ Métis ■ Non-Indigenous



Comparison of the child/youth population with percentage of children/youth receiving CFS services in each region

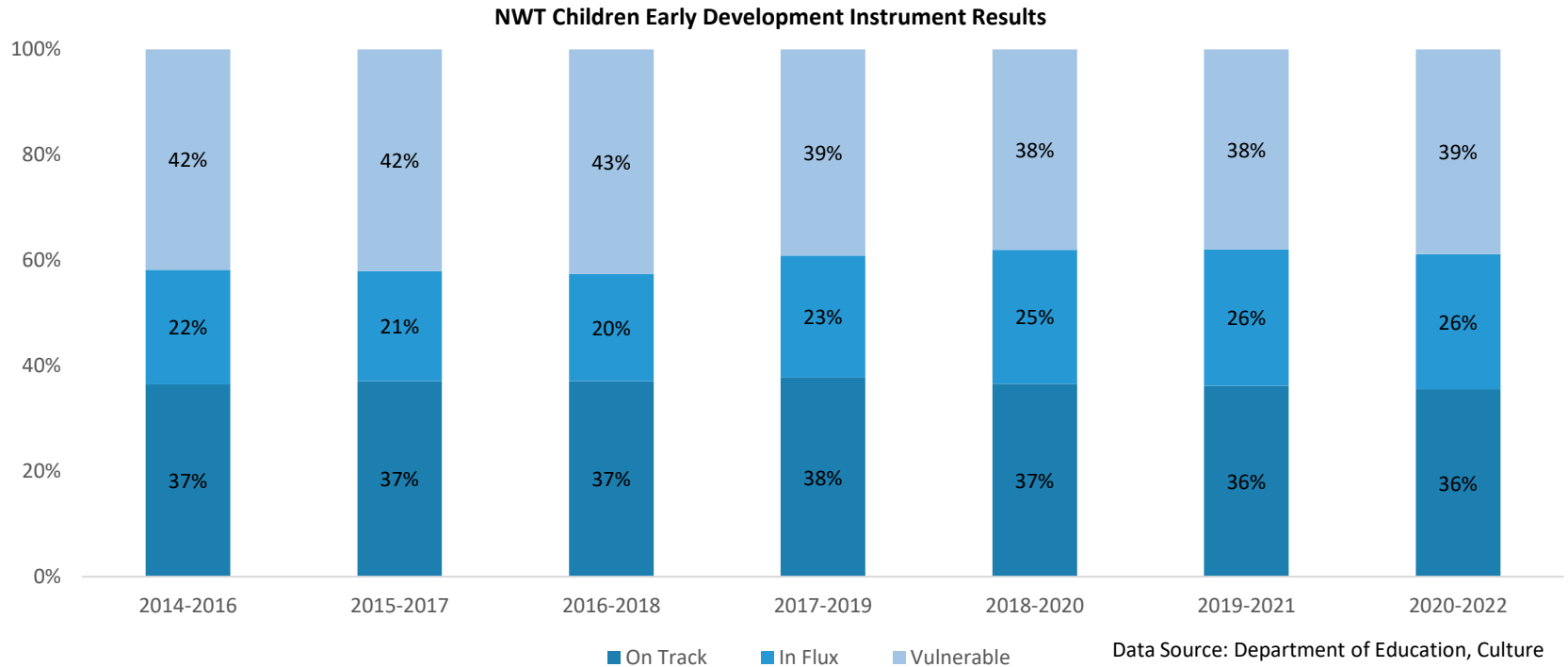
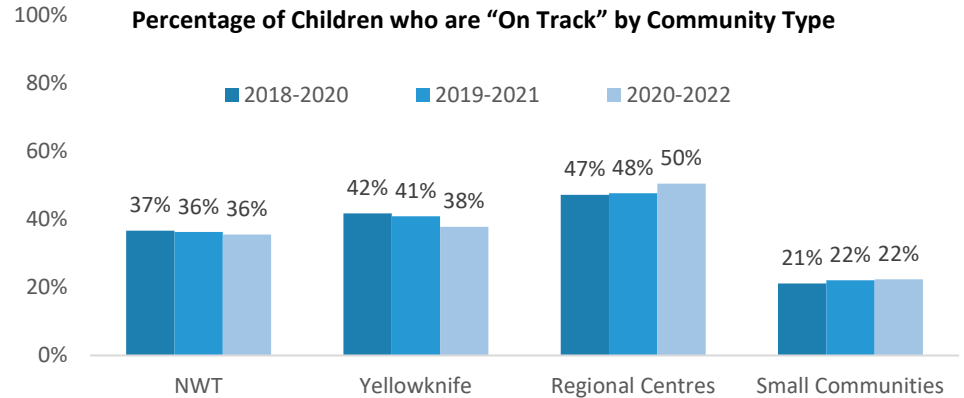


Children Vulnerable in Areas of Early Development

For the most recent time period (2020-2022) 39% of NWT children, at the age of five years, are considered vulnerable in one or more domains used to assess school readiness.

Children from small communities score lower than their regional centre counterparts.

Children who are “in flux” are not vulnerable in any area, but not on track in all areas.



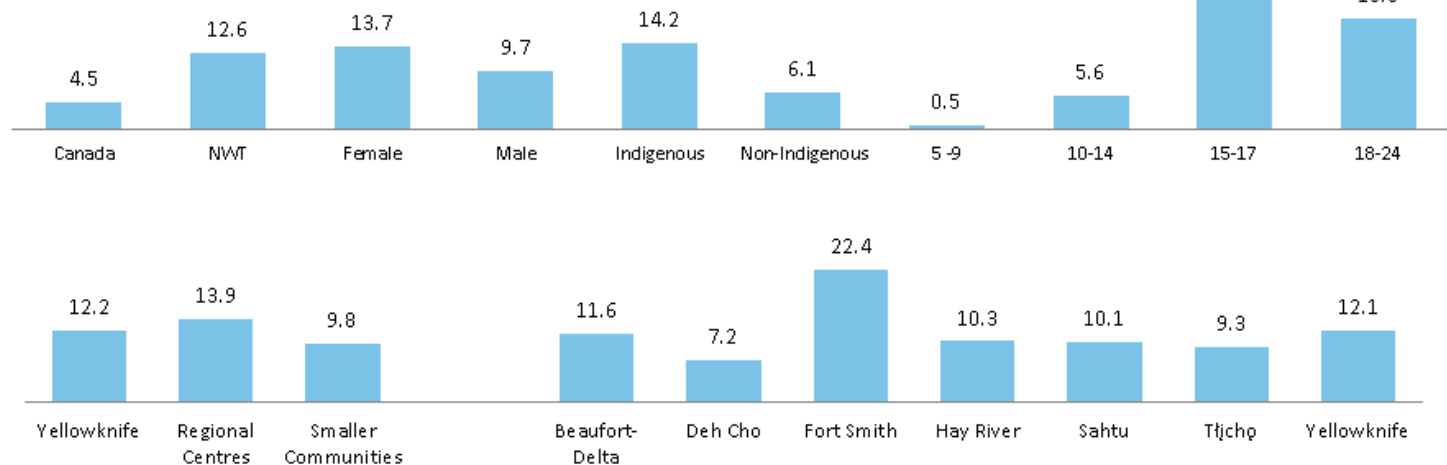
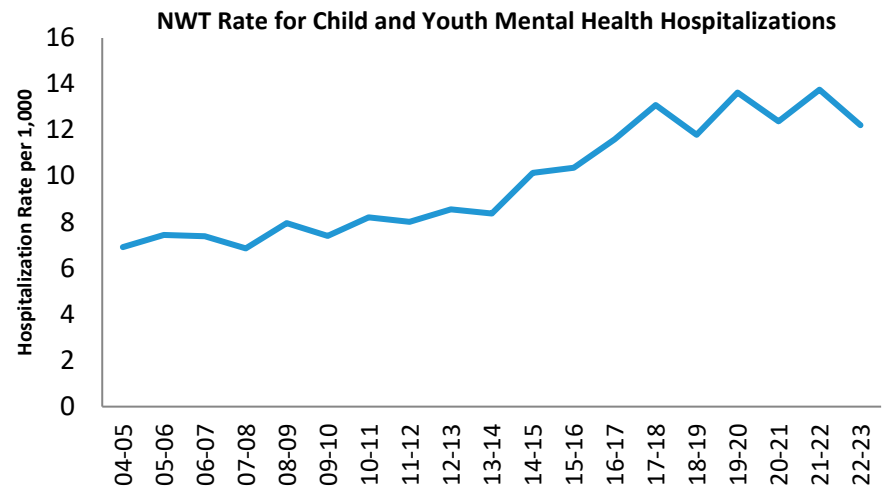
Data Source: Department of Education, Culture and Employment, Early Childhood Development Instrument

Children and Youth Hospitalized for Mental Health Issues

NWT rates increased since the mid 2000s and are well over twice the national average. Rates are higher for females, Indigenous, teens (age 15 to 17) and youth (age 18 to 24)

Rates vary somewhat by community type but show greater variability across regions with Fort Smith having the highest rate.

Substance use disorders were responsible for 35% of hospitalizations, stress and adjustment disorders 22%, and mood (depression) disorders 24%. The remaining hospitalizations were primarily schizophrenic and anxiety disorders.



Notes: Figures are for children and youth, age 5 to 24 years, hospitalized once per year or more per 1,000 population except where type of mental health condition is presented (based on hospitalizations). All data are three-year averages (2018-19 to 2020-21) unless stated otherwise.

Data Source: Discharge Abstract Database

EXPENDITURES



NWT Health Expenditures

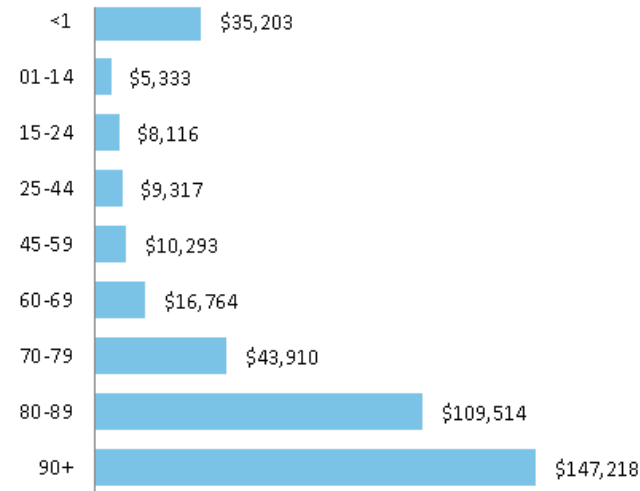
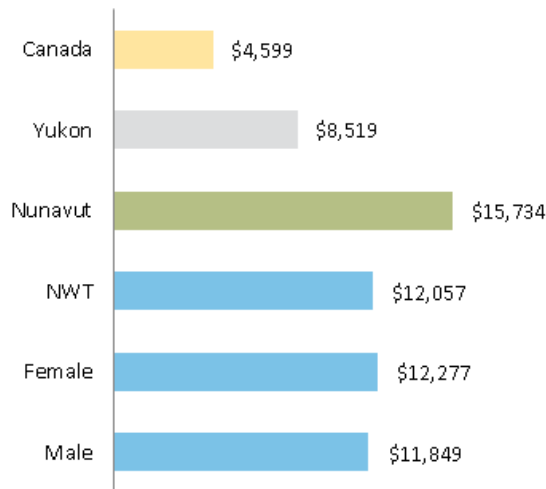
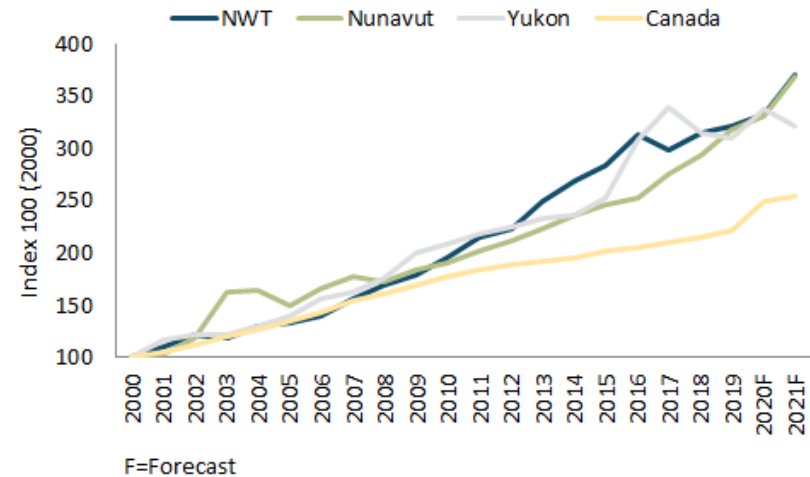
- The North in general, and the NWT in particular, have higher health care costs compared to the rest of Canada
- The NWT has higher per capita health care costs compared to most other jurisdictions because of the territory's large geographic area and low population density (a small population spread across 33 communities).
- The lack of population density makes it difficult to achieve the economies of scale that are found in southern jurisdictions, where populations are larger and more concentrated. Specialized services and hospital care often requires patient travel, further adding to overall health care costs.
- The North is also an expensive place to provide public services, as well as build and maintain public infrastructure - including health infrastructure. Relative to the south, costs are higher for labour, materials and transportation. Infrastructure development and maintenance is more demanding due to climate and geotechnical issues (ground issues due to freezing and thawing).
- In addition to the aforementioned factors, the poorer socioeconomic status and lower health status of the NWT adds to cost of health care relative to southern Canada.

Health Expenditures - \$ Per Capita

NWT has the second highest healthcare expenditures per capita, after Nunavut, in Canada.

Healthcare expenditures have been growing at a faster pace in the NWT at 270% since 2000, compared to 267% for Nunavut, and 221% for the Yukon (Nationally at 155%).

Per capita health expenditures ranged from under \$5,500 for children (1 to 14) to over \$115,000 for those aged 80 and over.



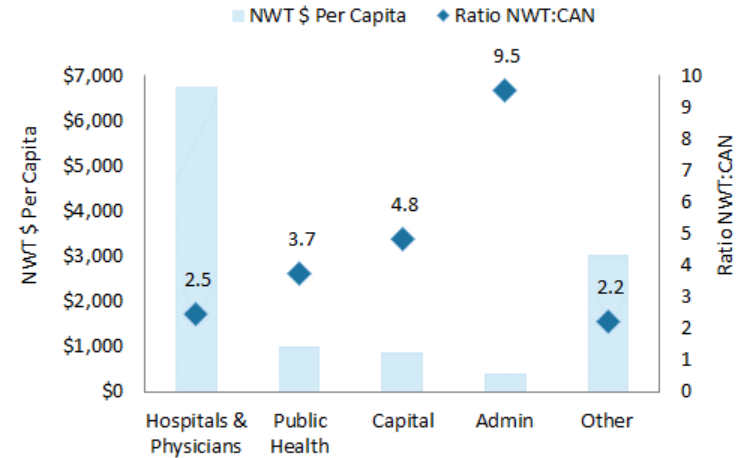
Note: Figures are for the NWT and for 2019 unless stated otherwise. Figures include provincial/territorial expenditures only.

Health Expenditures by Use

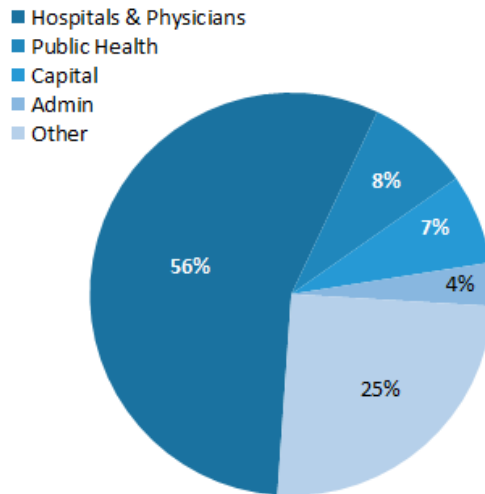
The NWT's largest expenditure is on hospitals, health centres and physicians – over twice nationally on a per capita basis.

Administration costs, though representing less than 4% of NWT health expenditures, were almost 10 times higher than the national average on a per capita basis.

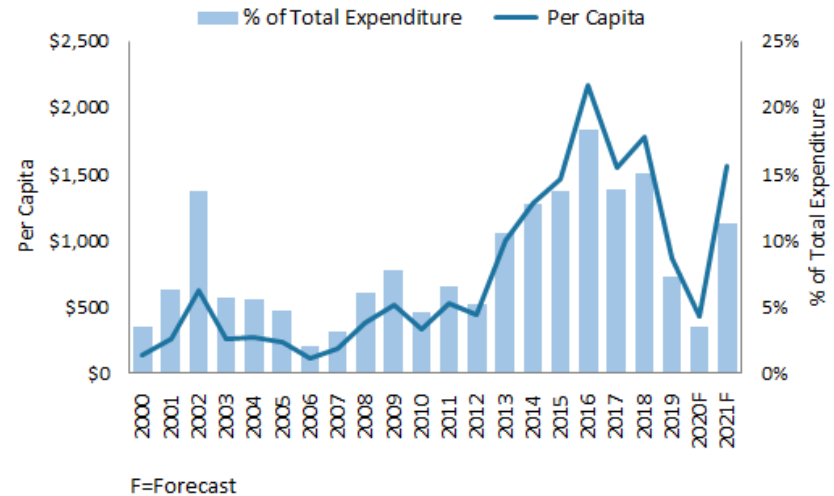
Capital, in 2019, was the third highest expenditure area. Capital expenditures vary significantly – representing between 2% and 18% overall costs in any given year. In contrast, nationally, capital as a proportion of expenditures has only varied between 4% and 7%.



By Use



Capital



Note: Figures are for the NWT and for 2019 unless otherwise stated. Figures include provincial/territorial government expenditures only.

Data, methods and limitations

- The numbers for this report have been drawn from several sources including: NWT Department of Health and Social Services, Statistics Canada, the NWT Bureau of Statistics and the Canadian Institute for Health Information. A full list is available at the end of this report.
- Age-standardization to the national population is used throughout the report in order to compare the NWT to Canada. Age-standardization allows for the comparison of two or more populations with different age structures (e.g. Canada's population is older overall than the NWT).
- Numbers in this chartbook are subject to future revisions and may not be comparable to numbers in other tabulations and reports due to several reasons, including: population estimate revisions, data entry delays, data collection system changes, provisional data sets and methodological revisions. Any changes that do occur are usually small.
- Figures presented for Sexually Transmitted Diseases and Blood Borne Infections (page 61) and Active Tuberculosis (page 62) have their denominator population generated by referencing the Health Management Information System to determine the number of insured residents. Figures in all other Subject Areas use a denominator population generated by estimates from the NWT Bureau of Statistics.

Data, methods and limitations (continued)

- Two main geographic sub-groupings are included in this report: community type and regional. Community type is Yellowknife, regional centres (Fort Smith, Hay River and Inuvik), and smaller communities (rest of the NWT). Regional groupings are as follows: Beaufort-Delta (Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbour, Tsiigehtchic, Tuktoyaktuk, and Ulukhaktok), Dehcho (Fort Liard, Fort Providence, Fort Simpson, Jean Marie River, Kakisa, Nahanni Butte, Sambaa K'e, and Wrigley), Fort Smith, Hay River, Sahtu (Colville Lake, Délı̄ne, Fort Good Hope, Norman Wells, and Tulita), Tłı̄chǫ (Behchokò, Gamètì, Wekweètì, and Whatì) and Yellowknife (including Fort Resolution and Łutselk'e). Hay River usually includes the Hay River Reserve and Enterprise and Yellowknife usually includes Detah and Ndı̄łǫ.
- Other regional breakdowns are occasionally provided based on limited data availability or where small numbers exist.

Sources

Subject Area	Subject	Sources*
Determinants of Health and Well-Being	Demographics	SC, BSTAT, DHSS
	Socioeconomics	SC, BSTAT, DHSS
	Healthy Behaviours	SC, BSTAT, DHSS
Mental Health and Addictions	Self-Reported Mental Health and Well-Being	SC, BSTAT, DHSS
	Mental Health and Substance Use Harm Hospitalizations	CIHI, DHSS, SC, BSTAT
	Self-Injury and Suicide	CIHI, DHSS, DJ, SC, BSTAT
Morbidity	Self-Rated Health, Disability, and Top 5 Hospitalizations	SC, BSTAT, DHSS, CIHI
	Chronic and Infectious Diseases	DHSS, PHAC, SC, BSTAT
Mortality	Life Expectancy	SC, DHSS, BSTAT
	Avoidable Mortality	SC, DHSS, BSTAT
Child Health and Well-Being	Infant Health	SC, DHSS, BSTAT
	Teen Births and Lone Parent Families	SC, DHSS, BSTAT
	Child Welfare, Development and Mental Health	DHSS, DECE, McMU, CIHI, SC, BSTAT
Expenditures	NWT Health Expenditures	CIHI, SC, BSTAT

* Abbreviations: BSTA = NWT Bureau of Statistics; CIHI = Canadian Institute for Health Information; DECE = NWT Department of Education, Culture and Employment; DJ = NWT Department of Justice (Coroner's Office); DHSS = NWT Department of Health and Social Services; McMU = McMaster University – Oxford Centre for Child Studies; PHAC = Public Health Agency of Canada; and SC = Statistics Canada